



**Australian Government**

**Department of Health**



# Schedule of Pharmaceutical Benefits

Section 100 – Items Available under Special Arrangement - Volume 2

**Effective 1 June 2022**

This Schedule is also available at [www.pbs.gov.au](http://www.pbs.gov.au)



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

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# Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 June 2022 and are included, where applicable, in prices published in the Schedule —

|                                          |                                      |           |
|------------------------------------------|--------------------------------------|-----------|
| Dispensing Fees:                         | Ready-prepared                       | \$7.78    |
|                                          | Dangerous drug fee                   | \$4.82    |
|                                          | Extemporaneously-prepared            | \$9.82    |
|                                          | Allowable additional patient charge* | \$4.54    |
| Additional Fees (for safety net prices): | Ready-prepared                       | \$1.30    |
|                                          | Extemporaneously-prepared            | \$1.67    |
| Patient Co-payments:                     | General                              | \$42.50   |
|                                          | Concessional                         | \$6.80    |
| Safety Net Thresholds:                   | General                              | \$1542.10 |
|                                          | Concessional                         | \$326.40  |
| Safety Net Card Issue Fee:               |                                      | \$10.65   |

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

# Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 June 2022. The Schedule is updated on the first day of each month and is available on the internet at [www.pbs.gov.au](http://www.pbs.gov.au).

## General Pharmaceutical Benefits

### Additions

#### Addition – Item

12999E **VENETOCLAX**, venetoclax 10 mg tablet, 2 (*Venclexta*)

#### Addition – Brand

8697R *Adrenaline Jr Viatris, AF* – **ADRENALINE (EPINEPHRINE)**, adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8698T *Adrenaline Viatris, AF* – **ADRENALINE (EPINEPHRINE)**, adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

2417F *Amitriptyline Viatris 10, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 10 mg tablet, 50

2418G *Amitriptyline Viatris 25, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 25 mg tablet, 50

2429W *Amitriptyline Viatris 50, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 50 mg tablet, 50

8358X *Clopidogrel Lupin, GQ* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

8420E *Hydromorphone-hameln, HW* – **HYDROMORPHONE**, hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

8421F *Hydromorphone-hameln-HP, HW* – **HYDROMORPHONE**, hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

11762C *Gilmat, CR* – **IMATINIB**, imatinib 100 mg tablet, 60

9178C *Gilmat, CR* – **IMATINIB**, imatinib 100 mg tablet, 60

11785G *Gilmat, CR* – **IMATINIB**, imatinib 400 mg tablet, 30

9179D *Gilmat, CR* – **IMATINIB**, imatinib 400 mg tablet, 30

9333F *Lacoress, LR* – **LACOSAMIDE**, lacosamide 50 mg tablet, 14

9334G *Lacoress, LR* – **LACOSAMIDE**, lacosamide 100 mg tablet, 14

9335H *Lacoress, LR* – **LACOSAMIDE**, lacosamide 100 mg tablet, 56

9336J *Lacoress, LR* – **LACOSAMIDE**, lacosamide 150 mg tablet, 14

9337K *Lacoress, LR* – **LACOSAMIDE**, lacosamide 150 mg tablet, 56

9338L *Lacoress, LR* – **LACOSAMIDE**, lacosamide 200 mg tablet, 56

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

8733P *Topreloc-XL, CR* – **METOPROLOL SUCCINATE**, METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

8734Q *Topreloc-XL, CR* – **METOPROLOL SUCCINATE**, METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

8735R *Topreloc-XL, CR* – **METOPROLOL SUCCINATE**, METOPROLOL SUCCINATE Tablet 190 mg

(controlled release), 30

2339D *Spironolactone Viatris 25, AL* – **SPIRONOLACTONE**, spironolactone 25 mg tablet, 100

2340E *Spironolactone Viatris 100, AL* – **SPIRONOLACTONE**, spironolactone 100 mg tablet, 100

#### **Addition – Equivalence Indicator**

11624T *Venclexta, VE* – **VENETOCLAX**, venetoclax 10 mg tablet, 14

#### **Addition – Note**

12290W **ESOMEPRAZOLE**, esomeprazole 40 mg enteric capsule, 30 (*Noxicid Caps*)

12283L **ESOMEPRAZOLE**, esomeprazole 40 mg enteric tablet, 30 (*APO-Esomeprazole, Esomeprazole Apotex, Esomeprazole GH, Esomeprazole GxP, Esomeprazole Mylan, Esomeprazole RBX, Esomeprazole SZ, Esomeprazole Sandoz, Esopreze, NOUMED ESOMEPRAZOLE, Nexazole, Nexium, Nexole*)

11624T **VENETOCLAX**, venetoclax 10 mg tablet, 14 (*Venclexta*)

## **Deletions**

#### **Deletion – Item**

11467M **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL (*Dilaudid*)

11479E **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL (*Dilaudid*)

#### **Deletion – Brand**

8697R *Adrenaline Jr Mylan, AF* – **ADRENALINE (EPINEPHRINE)**, adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8698T *Adrenaline Mylan, AF* – **ADRENALINE (EPINEPHRINE)**, adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

2417F *Amitriptyline Alphapharm 10, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 10 mg tablet, 50

2418G *Amitriptyline Alphapharm 25, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 25 mg tablet, 50

2429W *Amitriptyline Alphapharm 50, AL* – **AMITRIPTYLINE**, amitriptyline hydrochloride 50 mg tablet, 50

9315G *Candesartan HCT GH 32/25, GQ* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

8439E *APO-Celecoxib, TX* – **CELECOXIB**, celecoxib 100 mg capsule, 60

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

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

8440F *APO-Celecoxib, TX* – **CELECOXIB**, celecoxib 200 mg capsule, 30

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

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

9354H *Clopidogrel APOTEX, GX* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

9296G *CoPlavix, SW* – **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30

9106G *Frakas, RW* – **DOXYCYCLINE**, doxycycline 50 mg tablet, 25

1182F *Fosipril 10, RW* – **FOSINOPRIL**, fosinopril sodium 10 mg tablet, 30

1183G *Fosipril 20, RW* – **FOSINOPRIL**, fosinopril sodium 20 mg tablet, 30

8450R *APO-Glimepiride, TX* – **GLIMEPIRIDE**, glimepiride 1 mg tablet, 30

8451T *APO-Glimepiride, TX* – **GLIMEPIRIDE**, glimepiride 2 mg tablet, 30

8533D *APO-Glimepiride, TX* – **GLIMEPIRIDE**, glimepiride 3 mg tablet, 30

8452W *APO-Glimepiride, TX* – **GLIMEPIRIDE**, glimepiride 4 mg tablet, 30

8452W *Dimirel, AV* – **GLIMEPIRIDE**, glimepiride 4 mg tablet, 30

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

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

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

|       |                                                                                                                                    |
|-------|------------------------------------------------------------------------------------------------------------------------------------|
| 1558B | <i>GenRx Isosorbide Mononitrate, GX</i> – <b>ISOSORBIDE MONONITRATE</b> , isosorbide mononitrate 60 mg modified release tablet, 30 |
| 5553G | <i>Latanoprost/Timolol Sandoz 50/5, SZ</i> – <b>LATANOPROST + TIMOLOL</b> , latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL    |
| 8895E | <i>Latanoprost/Timolol Sandoz 50/5, SZ</i> – <b>LATANOPROST + TIMOLOL</b> , latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL    |
| 8534E | <i>Lercan, RW</i> – <b>LERCANIDIPINE</b> , lercanidipine hydrochloride 10 mg tablet, 28                                            |
| 8679T | <i>Lercan, RW</i> – <b>LERCANIDIPINE</b> , lercanidipine hydrochloride 20 mg tablet, 28                                            |
| 8245Y | <i>APO-Letrozole, TX</i> – <b>LETROZOLE</b> , letrozole 2.5 mg tablet, 30                                                          |
| 1636D | <i>Flagyl, SW</i> – <b>METRONIDAZOLE</b> , metronidazole 200 mg tablet, 21                                                         |
| 3339R | <i>Flagyl, SW</i> – <b>METRONIDAZOLE</b> , metronidazole 200 mg tablet, 21                                                         |
| 8627C | <i>APO-Montelukast, TX</i> – <b>MONTELUKAST</b> , montelukast 4 mg chewable tablet, 28                                             |
| 8627C | <i>Respikast 4, RW</i> – <b>MONTELUKAST</b> , montelukast 4 mg chewable tablet, 28                                                 |
| 8628D | <i>APO-Montelukast, TX</i> – <b>MONTELUKAST</b> , montelukast 5 mg chewable tablet, 28                                             |
| 8628D | <i>Respikast 5, RW</i> – <b>MONTELUKAST</b> , montelukast 5 mg chewable tablet, 28                                                 |
| 8650G | <i>APO-Mycophenolate, TX</i> – <b>MYCOPHENOLATE</b> , mycophenolate mofetil 500 mg tablet, 50                                      |
| 1692C | <i>ARX-Nitrofurantoin, XT</i> – <b>NITROFURANTOIN</b> , nitrofurantoin 50 mg capsule, 30                                           |
| 1693D | <i>ARX-Nitrofurantoin, XT</i> – <b>NITROFURANTOIN</b> , nitrofurantoin 100 mg capsule, 30                                          |
| 3010K | <i>GenRx Norfloxacin, GX</i> – <b>NORFLOXACIN</b> , norfloxacin 400 mg tablet, 14                                                  |
| 8170B | <i>APO-Olanzapine, TX</i> – <b>OLANZAPINE</b> , olanzapine 2.5 mg tablet, 28                                                       |
| 8185T | <i>APO-Olanzapine, TX</i> – <b>OLANZAPINE</b> , olanzapine 5 mg tablet, 28                                                         |
| 8186W | <i>APO-Olanzapine, TX</i> – <b>OLANZAPINE</b> , olanzapine 7.5 mg tablet, 28                                                       |
| 8187X | <i>APO-Olanzapine, TX</i> – <b>OLANZAPINE</b> , olanzapine 10 mg tablet, 28                                                        |
| 8039D | <i>Oxybutynin Sandoz, SZ</i> – <b>OXYBUTYNIN</b> , oxybutynin hydrochloride 5 mg tablet, 100                                       |
| 8385H | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 10 mg modified release tablet, 28                               |
| 8386J | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 20 mg modified release tablet, 28                               |
| 8387K | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 40 mg modified release tablet, 28                               |
| 8388L | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 80 mg modified release tablet, 28                               |
| 3050M | <i>Perindopril APOTEX, TY</i> – <b>PERINDOPRIL</b> , perindopril erbumine 2 mg tablet, 30                                          |
| 3051N | <i>Perindopril APOTEX, TY</i> – <b>PERINDOPRIL</b> , perindopril erbumine 4 mg tablet, 30                                          |
| 8704D | <i>Perindopril APOTEX, TY</i> – <b>PERINDOPRIL</b> , perindopril erbumine 8 mg tablet, 30                                          |
| 2348N | <i>BTC PREGABALIN, JB</i> – <b>PREGABALIN</b> , pregabalin 25 mg capsule, 56                                                       |
| 2348N | <i>Pregabalin APOTEX, GX</i> – <b>PREGABALIN</b> , pregabalin 25 mg capsule, 56                                                    |
| 2335X | <i>BTC PREGABALIN, JB</i> – <b>PREGABALIN</b> , pregabalin 75 mg capsule, 56                                                       |
| 2335X | <i>Pregabalin APOTEX, GX</i> – <b>PREGABALIN</b> , pregabalin 75 mg capsule, 56                                                    |
| 2355Y | <i>BTC PREGABALIN, JB</i> – <b>PREGABALIN</b> , pregabalin 150 mg capsule, 56                                                      |
| 2355Y | <i>Pregabalin APOTEX, GX</i> – <b>PREGABALIN</b> , pregabalin 150 mg capsule, 56                                                   |
| 2363J | <i>BTC PREGABALIN, JB</i> – <b>PREGABALIN</b> , pregabalin 300 mg capsule, 56                                                      |
| 2363J | <i>Pregabalin APOTEX, GX</i> – <b>PREGABALIN</b> , pregabalin 300 mg capsule, 56                                                   |
| 8456C | <i>APO-Quetiapine, TX</i> – <b>QUETIAPINE</b> , quetiapine 25 mg tablet, 60                                                        |
| 8456C | <i>Quetiapine Sandoz, SZ</i> – <b>QUETIAPINE</b> , quetiapine 25 mg tablet, 60                                                     |
| 9202H | <i>APO-Quetiapine XR, TX</i> – <b>QUETIAPINE</b> , quetiapine 50 mg modified release tablet, 60                                    |
| 8457D | <i>APO-Quetiapine, TX</i> – <b>QUETIAPINE</b> , quetiapine 100 mg tablet, 90                                                       |
| 8457D | <i>Quetiapine Sandoz, SZ</i> – <b>QUETIAPINE</b> , quetiapine 100 mg tablet, 90                                                    |
| 8458E | <i>APO-Quetiapine, TX</i> – <b>QUETIAPINE</b> , quetiapine 200 mg tablet, 60                                                       |

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8458E *Quetiapine Sandoz, SZ – QUETIAPINE*, quetiapine 200 mg tablet, 60

9203J *APO-Quetiapine XR, TX – QUETIAPINE*, quetiapine 200 mg modified release tablet, 60

8580N *APO-Quetiapine, TX – QUETIAPINE*, quetiapine 300 mg tablet, 60

8580N *Quetiapine Sandoz, SZ – QUETIAPINE*, quetiapine 300 mg tablet, 60

9204K *APO-Quetiapine XR, TX – QUETIAPINE*, quetiapine 300 mg modified release tablet, 60

9205L *APO-Quetiapine XR, TX – QUETIAPINE*, quetiapine 400 mg modified release tablet, 60

2590H *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 5 mg tablet, 30

2606E *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 5 mg tablet, 30

2584B *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 10 mg tablet, 30

2628H *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 10 mg tablet, 30

2574L *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 20 mg tablet, 30

2609H *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 20 mg tablet, 30

2594M *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 40 mg tablet, 30

2636R *BTC Rosuvastatin, JB – ROSUVASTATIN*, rosuvastatin 40 mg tablet, 30

2339D *Spironolactone Mylan 25, AL – SPIRONOLACTONE*, spironolactone 25 mg tablet, 100

2340E *Spironolactone Mylan 100, AL – SPIRONOLACTONE*, spironolactone 100 mg tablet, 100

10173K *Voriconazole APO, GX – VORICONAZOLE*, voriconazole 50 mg tablet, 56

10173K *Voriconazole APOTEX, TX – VORICONAZOLE*, voriconazole 50 mg tablet, 56

9363T *Voriconazole APO, GX – VORICONAZOLE*, voriconazole 50 mg tablet, 56

9363T *Voriconazole APOTEX, TX – VORICONAZOLE*, voriconazole 50 mg tablet, 56

10198R *Voriconazole APO, GX – VORICONAZOLE*, voriconazole 200 mg tablet, 56

10198R *Voriconazole APOTEX, TX – VORICONAZOLE*, voriconazole 200 mg tablet, 56

9364W *Voriconazole APO, GX – VORICONAZOLE*, voriconazole 200 mg tablet, 56

9364W *Voriconazole APOTEX, TX – VORICONAZOLE*, voriconazole 200 mg tablet, 56

9388D *APO-Zonisamide, TX – ZONISAMIDE*, zonisamide 25 mg capsule, 56

9389E *APO-Zonisamide, TX – ZONISAMIDE*, zonisamide 50 mg capsule, 56

9390F *APO-Zonisamide, TX – ZONISAMIDE*, zonisamide 100 mg capsule, 56

**Deletion – Equivalence Indicator**

8039D *Ditropan, SW – OXYBUTYNIN*, oxybutynin hydrochloride 5 mg tablet, 100

9388D *Zonegran, GH – ZONISAMIDE*, zonisamide 25 mg capsule, 56

9389E *Zonegran, GH – ZONISAMIDE*, zonisamide 50 mg capsule, 56

9390F *Zonegran, GH – ZONISAMIDE*, zonisamide 100 mg capsule, 56

**Deletion – Note**

11385F **RIBOCICLIB**, ribociclib 200 mg tablet, 21 (*Kisqali*)

11386G **RIBOCICLIB**, ribociclib 200 mg tablet, 63 (*Kisqali*)

11397W **RIBOCICLIB**, ribociclib 200 mg tablet, 42 (*Kisqali*)

12307R **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)

12670W **TERIPARATIDE**, teriparatide 250 microgram/mL injection, 2.4 mL cartridge (*Terrosa*)

**Deletion – Restriction**

11385F **RIBOCICLIB**, ribociclib 200 mg tablet, 21 (*Kisqali*)

11386G **RIBOCICLIB**, ribociclib 200 mg tablet, 63 (*Kisqali*)

11397W **RIBOCICLIB**, ribociclib 200 mg tablet, 42 (*Kisqali*)

12307R **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)



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## Alterations

### Alteration – Item Description

From

12931N **MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) DANISH 1331 STRAIN**, Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Danish 1331 strain 250 million CFU 30 mg, 4 vials (*BCG Culture SSI*)

To

12931N **MYCOBACTERIUM BOVIS BCG DANISH STRAIN**, Mycobacterium bovis BCG Danish strain 30 mg injection, 4 vials (*BCG Culture SSI*)

From

1131M **MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) TICE STRAIN**, Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Tice strain 500 million CFU injection, 3 vials (*OncoTICE*)

To

1131M **MYCOBACTERIUM BOVIS BCG TICE STRAIN**, Mycobacterium bovis BCG Tice strain 500 million CFU injection, 3 vials (*OncoTICE*)

### Alteration – Note

12921C **OLAPARIB**, olaparib 100 mg tablet, 56 (*Lynparza*)

12932P **OLAPARIB**, olaparib 100 mg tablet, 56 (*Lynparza*)

12913P **OLAPARIB**, olaparib 150 mg tablet, 56 (*Lynparza*)

12929L **OLAPARIB**, olaparib 150 mg tablet, 56 (*Lynparza*)

8385H **OXYCODONE**, oxycodone hydrochloride 10 mg modified release tablet, 28 (*OxyContin, Oxycodone Sandoz*)

8386J **OXYCODONE**, oxycodone hydrochloride 20 mg modified release tablet, 28 (*OxyContin, Oxycodone Sandoz*)

8387K **OXYCODONE**, oxycodone hydrochloride 40 mg modified release tablet, 28 (*OxyContin, Oxycodone Sandoz*)

8388L **OXYCODONE**, oxycodone hydrochloride 80 mg modified release tablet, 28 (*OxyContin, Oxycodone Sandoz*)

12297F **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)

### Alteration – Restriction

12297F **SECUKINUMAB**, secukinumab 150 mg/mL injection, 1 mL pen device (*Cosentyx*)

## Advance Notices

1 July 2022

### Deletion – Brand

1052J *GenRx Aciclovir, GX* – **ACICLOVIR**, aciclovir 800 mg tablet, 35

1555W *GenRx Aciclovir, GX* – **ACICLOVIR**, aciclovir 200 mg tablet, 50

8511Y *Alendro Once Weekly, RW* – **ALENDRONATE**, alendronate 70 mg tablet, 4

2343H *Rithmik 200, RW* – **AMIODARONE**, amiodarone hydrochloride 200 mg tablet, 30

2751T *BTC Amlodipine, JB* – **AMLODIPINE**, amlodipine 5 mg tablet, 30

2752W *BTC Amlodipine, JB* – **AMLODIPINE**, amlodipine 10 mg tablet, 30

8213G *Torvastat 10, RW* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

8214H *Torvastat 20, RW* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

8215J *Torvastat 40, RW* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

8521L *Torvastat 80, RW* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

9230T *Torvastat 10, RW* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

9231W *Torvastat 20, RW* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

9232X *Torvastat 40, RW* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

9233Y *Torvastat 80, RW* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

1780Q *Dantrium, PF* – **DANTROLENE**, dantrolene sodium hemiheptahydrate 50 mg capsule, 100

8533D *Dimirel, AV* – **GLIMEPIRIDE**, glimepiride 3 mg tablet, 30

8561N *APO-Meloxicam, TX* – **MELOXICAM**, meloxicam 7.5 mg tablet, 30

8562P *APO-Meloxicam, TX* – **MELOXICAM**, meloxicam 15 mg tablet, 30

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|       |                                                                                          |
|-------|------------------------------------------------------------------------------------------|
| 8621R | <i>Risedro once a week, RW</i> – <b>RISEDRONATE</b> , risedronate sodium 35 mg tablet, 4 |
| 8144P | <i>Sumatriptan Sandoz, SZ</i> – <b>SUMATRIPTAN</b> , sumatriptan 50 mg tablet, 2         |
| 8646C | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 500 microgram capsule, 100 |
| 8647D | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 1 mg capsule, 100          |
| 8648E | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 5 mg capsule, 50           |

### 1 September 2022

#### Deletion – Brand

|       |                                                                       |
|-------|-----------------------------------------------------------------------|
| 8451T | <i>Dimirel, AV</i> – <b>GLIMEPIRIDE</b> , glimepiride 2 mg tablet, 30 |
|-------|-----------------------------------------------------------------------|

### 1 November 2022

#### Deletion – Brand

|        |                                                                                                                                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 10375C | <i>Nutrini Peptisorb, SB</i> – <b>TRIGLYCERIDES MEDIUM CHAIN FORMULA</b> , triglycerides medium chain formula oral liquid, 8 x 500 mL pouches |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|

## Palliative Care

### Additions

#### Addition – Brand

|        |                                                                                                                               |
|--------|-------------------------------------------------------------------------------------------------------------------------------|
| 12493M | <i>Hydromorphone-hameln, HW</i> – <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules     |
| 12531M | <i>Hydromorphone-hameln-HP, HW</i> – <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules |

### Deletions

#### Deletion – Item

|        |                                                                                                    |
|--------|----------------------------------------------------------------------------------------------------|
| 12485D | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL ( <i>Dilaudid</i> ) |
|--------|----------------------------------------------------------------------------------------------------|

#### Deletion – Brand

|        |                                                                                                      |
|--------|------------------------------------------------------------------------------------------------------|
| 12518W | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 10 mg modified release tablet, 28 |
| 12510K | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 20 mg modified release tablet, 28 |
| 12525F | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 40 mg modified release tablet, 28 |
| 12527H | <i>Novacodone, HX</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 80 mg modified release tablet, 28 |

### Alterations

#### Alteration – Note

|        |                                                                                                                     |
|--------|---------------------------------------------------------------------------------------------------------------------|
| 12518W | <b>OXYCODONE</b> , oxycodone hydrochloride 10 mg modified release tablet, 28 ( <i>OxyContin, Oxycodone Sandoz</i> ) |
| 12510K | <b>OXYCODONE</b> , oxycodone hydrochloride 20 mg modified release tablet, 28 ( <i>OxyContin, Oxycodone Sandoz</i> ) |
| 12525F | <b>OXYCODONE</b> , oxycodone hydrochloride 40 mg modified release tablet, 28 ( <i>OxyContin, Oxycodone Sandoz</i> ) |
| 12527H | <b>OXYCODONE</b> , oxycodone hydrochloride 80 mg modified release tablet, 28 ( <i>OxyContin, Oxycodone Sandoz</i> ) |

## Highly Specialised Drugs Program (Private Hospital)

### Additions

#### Addition – Item

|        |                                                                                     |
|--------|-------------------------------------------------------------------------------------|
| 12998D | <b>RITUXIMAB</b> , rituximab 100 mg/10 mL injection, 10 mL vial ( <i>Ruxience</i> ) |
| 13000F | <b>RITUXIMAB</b> , rituximab 100 mg/10 mL injection, 10 mL vial ( <i>Ruxience</i> ) |

#### Addition – Brand

|        |                                                                                       |
|--------|---------------------------------------------------------------------------------------|
| 6101D  | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100                  |
| 6417R  | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100                  |
| 6102E  | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100                 |
| 6418T  | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100                 |
| 10576P | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |
| 11790M | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |



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11804G *Ruxience, PF* – **RITUXIMAB**, rituximab 500 mg/50 mL injection, 50 mL vial  
12721M *Ruxience, PF* – **RITUXIMAB**, rituximab 500 mg/50 mL injection, 50 mL vial  
9611W *Ruxience, PF* – **RITUXIMAB**, rituximab 500 mg/50 mL injection, 50 mL vial

#### **Addition – Note**

12349Y **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe (*Amgevita*)  
12368Y **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices (*Amgevita, Hadlima, Hyrimoz, Idacio*)  
12384T **ADALIMUMAB**, adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes (*Amgevita, Hadlima, Hyrimoz, Idacio*)  
10583B **RITUXIMAB**, rituximab 100 mg/10 mL injection, 2 x 10 mL vials (*Riximyo, Truxima*)  
11810N **RITUXIMAB**, rituximab 100 mg/10 mL injection, 2 x 10 mL vials (*Riximyo, Truxima*)

#### **Deletions**

##### **Deletion – Brand**

6209T *APO-Mycophenolate, TX* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

#### **Alterations**

##### **Alteration – Note**

9632Y **CLOZAPINE**, clozapine 50 mg/mL oral liquid, 100 mL (*Clopine Suspension*)  
6101D **CLOZAPINE**, clozapine 25 mg tablet, 100 (*Clopine 25, Clozaril 25, Clozitor*)  
6417R **CLOZAPINE**, clozapine 50 mg tablet, 100 (*Clopine 50, Clozitor*)  
6102E **CLOZAPINE**, clozapine 100 mg tablet, 100 (*Clopine 100, Clozaril 100, Clozitor*)  
6418T **CLOZAPINE**, clozapine 200 mg tablet, 100 (*Clopine 200, Clozitor*)

##### **Alteration – Restriction**

12864C **ECULIZUMAB**, eculizumab 300 mg/30 mL injection, 30 mL vial (*Soliris*)  
12896R **ECULIZUMAB**, eculizumab 300 mg/30 mL injection, 30 mL vial (*Soliris*)  
12899X **ECULIZUMAB**, eculizumab 300 mg/30 mL injection, 30 mL vial (*Soliris*)  
12938Y **ELEXACAFITOR + TEZACAFITOR + IVACAFITOR (&) IVACAFITOR**, elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg tablet [56] (&) ivacaftor 150 mg tablet [28], 84 (*Trikafta*)  
12841W **RAVULIZUMAB**, ravulizumab 300 mg/3 mL injection, 3 mL vial (*Ultomiris*)  
12895Q **RAVULIZUMAB**, ravulizumab 300 mg/3 mL injection, 3 mL vial (*Ultomiris*)  
12897T **RAVULIZUMAB**, ravulizumab 1.1 g/11 mL injection, 11 mL vial (*Ultomiris*)  
12901B **RAVULIZUMAB**, ravulizumab 1.1 g/11 mL injection, 11 mL vial (*Ultomiris*)

#### **Advance Notices**

**1 July 2022**

##### **Deletion – Brand**

6216E *TACROLIMUS APOTEX, TX* – **TACROLIMUS**, tacrolimus 1 mg capsule, 100  
6217F *TACROLIMUS APOTEX, TX* – **TACROLIMUS**, tacrolimus 5 mg capsule, 50  
6328C *TACROLIMUS APOTEX, TX* – **TACROLIMUS**, tacrolimus 500 microgram capsule, 100

#### **Highly Specialised Drugs Program (Public Hospital)**

##### **Additions**

##### **Addition – Item**

12997C **RITUXIMAB**, rituximab 100 mg/10 mL injection, 10 mL vial (*Ruxience*)  
13001G **RITUXIMAB**, rituximab 100 mg/10 mL injection, 10 mL vial (*Ruxience*)

##### **Addition – Brand**

5628F *Clozitor, JU* – **CLOZAPINE**, clozapine 25 mg tablet, 100  
5626D *Clozitor, JU* – **CLOZAPINE**, clozapine 50 mg tablet, 100  
5629G *Clozitor, JU* – **CLOZAPINE**, clozapine 100 mg tablet, 100  
5627E *Clozitor, JU* – **CLOZAPINE**, clozapine 200 mg tablet, 100

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|        |                                                                                       |
|--------|---------------------------------------------------------------------------------------|
| 10593M | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |
| 11800C | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |
| 11805H | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |
| 12739L | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |
| 9544H  | <i>Ruxience, PF</i> – <b>RITUXIMAB</b> , rituximab 500 mg/50 mL injection, 50 mL vial |

#### **Addition – Note**

|        |                                                                                                                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------|
| 12417M | <b>ADALIMUMAB</b> , adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe ( <i>Amgevita</i> )                                   |
| 12348X | <b>ADALIMUMAB</b> , adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes ( <i>Amgevita, Hadlima, Hyrimoz, Idacio</i> )    |
| 12355G | <b>ADALIMUMAB</b> , adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices ( <i>Amgevita, Hadlima, Hyrimoz, Idacio</i> ) |
| 10591K | <b>RITUXIMAB</b> , rituximab 100 mg/10 mL injection, 2 x 10 mL vials ( <i>Riximyo, Truxima</i> )                            |
| 11813R | <b>RITUXIMAB</b> , rituximab 100 mg/10 mL injection, 2 x 10 mL vials ( <i>Riximyo, Truxima</i> )                            |

### **Deletions**

#### **Deletion – Brand**

|       |                                                                                               |
|-------|-----------------------------------------------------------------------------------------------|
| 9502D | <i>APO-Mycophenolate, TX</i> – <b>MYCOPHENOLATE</b> , mycophenolate mofetil 500 mg tablet, 50 |
|-------|-----------------------------------------------------------------------------------------------|

### **Alterations**

#### **Alteration – Note**

|       |                                                                                                |
|-------|------------------------------------------------------------------------------------------------|
| 5630H | <b>CLOZAPINE</b> , clozapine 50 mg/mL oral liquid, 100 mL ( <i>Clopine Suspension</i> )        |
| 5628F | <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100 ( <i>Clopine 25, Clozaril 25, Clozitor</i> )    |
| 5626D | <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100 ( <i>Clopine 50, Clozitor</i> )                 |
| 5629G | <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100 ( <i>Clopine 100, Clozaril 100, Clozitor</i> ) |
| 5627E | <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100 ( <i>Clopine 200, Clozitor</i> )               |

#### **Alteration – Restriction**

|        |                                                                                                                                                                                                  |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12840T | <b>ECULIZUMAB</b> , eculizumab 300 mg/30 mL injection, 30 mL vial ( <i>Soliris</i> )                                                                                                             |
| 12877R | <b>ECULIZUMAB</b> , eculizumab 300 mg/30 mL injection, 30 mL vial ( <i>Soliris</i> )                                                                                                             |
| 12900Y | <b>ECULIZUMAB</b> , eculizumab 300 mg/30 mL injection, 30 mL vial ( <i>Soliris</i> )                                                                                                             |
| 12936W | <b>ELEXACAFITOR + TEZACAFITOR + IVACAFITOR (&amp;) IVACAFITOR</b> , elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg tablet [56] (&) ivacaftor 150 mg tablet [28], 84 ( <i>Trikafta</i> ) |
| 12884D | <b>RAVULIZUMAB</b> , ravulizumab 300 mg/3 mL injection, 3 mL vial ( <i>Ultomiris</i> )                                                                                                           |
| 12898W | <b>RAVULIZUMAB</b> , ravulizumab 300 mg/3 mL injection, 3 mL vial ( <i>Ultomiris</i> )                                                                                                           |
| 12856P | <b>RAVULIZUMAB</b> , ravulizumab 1.1 g/11 mL injection, 11 mL vial ( <i>Ultomiris</i> )                                                                                                          |
| 12883C | <b>RAVULIZUMAB</b> , ravulizumab 1.1 g/11 mL injection, 11 mL vial ( <i>Ultomiris</i> )                                                                                                          |

### **Advance Notices**

**1 July 2022**

#### **Deletion – Brand**

|       |                                                                                          |
|-------|------------------------------------------------------------------------------------------|
| 9558C | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 500 microgram capsule, 100 |
| 9560E | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 1 mg capsule, 100          |
| 9561F | <i>TACROLIMUS APOTEX, TX</i> – <b>TACROLIMUS</b> , tacrolimus 5 mg capsule, 50           |

## **Highly Specialised Drugs Program (Community Access)**

### **Additions**

#### **Addition – Brand**

|        |                                                                       |
|--------|-----------------------------------------------------------------------|
| 10289M | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100  |
| 10302F | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100  |
| 10358E | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100 |
| 10288L | <i>Clozitor, JU</i> – <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100 |

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## Alterations

### **Alteration – Note**

- 10341G **CLOZAPINE**, clozapine 50 mg/mL oral liquid, 100 mL (*Clopine Suspension*)
- 10289M **CLOZAPINE**, clozapine 25 mg tablet, 100 (*Clopine 25, Clozaril 25, Clozitor*)
- 10302F **CLOZAPINE**, clozapine 50 mg tablet, 100 (*Clopine 50, Clozitor*)
- 10358E **CLOZAPINE**, clozapine 100 mg tablet, 100 (*Clopine 100, Clozaril 100, Clozitor*)
- 10288L **CLOZAPINE**, clozapine 200 mg tablet, 100 (*Clopine 200, Clozitor*)

## Repatriation Pharmaceutical Benefits

### **Deletions**

#### **Deletion – Item**

- 4089F **IPRATROPIUM**, ipratropium bromide monohydrate 22 microgram/actuation nasal spray, 180 actuations (*Atrovent Nasal Aqueous*)
- 4090G **IPRATROPIUM**, ipratropium bromide monohydrate 44 microgram/actuation nasal spray, 180 actuations (*Atrovent Nasal Forte*)

#### **Deletion – Brand**

- 10169F *Clopidogrel APOTEX, GX* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

## Advance Notices

**1 July 2022**

#### **Deletion – Brand**

- 4444X *Risedro once a week, RW* – **RISEDRONATE**, risedronate sodium 35 mg tablet, 4



# About the Schedule

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

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

For detailed information about the prescribing and supply of pharmaceutical benefits go to [www.pbs.gov.au](http://www.pbs.gov.au)

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

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

## Symbols and Abbreviations Used in the Schedule

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

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## Restricted Benefits

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

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

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

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

# Guidelines and General Statements

## General Statement for Drugs for the Treatment of Hepatitis C

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

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

### Treatment criteria:

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

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

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

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

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

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

### HEPATITIS C – NON-CIRRHOTIC PATIENTS

|                                                  | TREATMENT NAÏVE                                                                                      | TREATMENT EXPERIENCED                                                                                                                                                                                           |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>All genotypes</b><br>(Pan-genotypic regimens) | <b>SOFOBUVIR + VELPATASVIR</b><br>[12 weeks]<br>OR<br><b>GLECAPREVIR + PIBRENTASVIR</b><br>[8 weeks] | <b>SOFOBUVIR + VELPATASVIR</b><br>[12 weeks]<br>OR<br><b>SOFOBUVIR + VELPATASVIR + VOXILAPREVIR</b><br>[12 weeks] <sup>3</sup><br>OR<br><b>GLECAPREVIR + PIBRENTASVIR</b><br>[8 or 12 or 16 weeks] <sup>2</sup> |
| <b>Genotype 1</b>                                | <b>LEDIPASVIR + SOFOBUVIR</b><br>[8 or 12 weeks] <sup>1</sup>                                        | <b>LEDIPASVIR + SOFOBUVIR</b><br>[12 weeks]                                                                                                                                                                     |
| <b>Genotype 2</b>                                | Refer to treatment naïve pan-genotypic regimens above.                                               | Refer to treatment experienced pan-genotypic regimens above.                                                                                                                                                    |
| <b>Genotype 3</b>                                | Refer to treatment naïve pan-genotypic regimens above.                                               | Refer to treatment experienced pan-genotypic regimens above.                                                                                                                                                    |
| <b>Genotype 4</b>                                | Refer to treatment naïve pan-genotypic regimens above.                                               | Refer to treatment experienced pan-genotypic regimens above.                                                                                                                                                    |
| <b>Genotype 5 &amp; 6</b>                        | Refer to treatment naïve pan-genotypic regimens above.                                               | Refer to treatment experienced pan-genotypic regimens above.                                                                                                                                                    |

### KEY

RBV - ribavirin

## HEPATITIS C – CIRRHOTIC PATIENTS

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

### KEY

RBV – ribavirin

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



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# Pharmaceutical Benefits Schedules

# Highly Specialised Drugs Program (Private Hospital)

|                                                                      |     |
|----------------------------------------------------------------------|-----|
| ALIMENTARY TRACT AND METABOLISM.....                                 | 20  |
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## ALIMENTARY TRACT AND METABOLISM

### OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

#### OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

*Various alimentary tract and metabolism products*

#### ▪ TEDUGLUTIDE

**Note** Special Pricing Arrangements apply.

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

##### **Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Initial treatment - balance of supply

##### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

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

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug under the initial treatment restriction to complete the maximum duration of 12 months of initial treatment, **AND**
- The treatment must provide no more than the balance of up to 12 months of treatment.

#### **teduglutide 5 mg injection [28 vials] (&) inert substance diluent [28 x 0.5 mL syringes], 1 pack**

| 11812Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 21887.78 | Revestive [TK]              |

#### ▪ TEDUGLUTIDE

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

**Note** Special Pricing Arrangements apply.

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

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

##### **Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Initial treatment

##### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

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

- Patient must have short bowel syndrome with intestinal failure following major surgery, **AND**
- Patient must have a history of dependence on parenteral support for at least 12 months, **AND**
- Patient must have received a stable parenteral support regimen for at least 3 days per week in the previous 4 weeks, **AND**
- Patient must not have active gastrointestinal malignancy or history of gastrointestinal malignancy within the last 5 years, **AND**
- The treatment must not exceed 12 months under this restriction, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Provide a baseline value in this authority application of the amount of parenteral support per week, expressed as either:

(i) for a patient of any age, the mean number of days of parenteral support per week

(ii) for a patient yet to turn 18 years of age, the mean volume of parenteral support per week in mL per kg.

Determine the mean over the four weeks immediately prior to this authority application. For a patient yet to turn 18 years or age, both (i) and (ii) may be supplied, but provide at least (i). Assessment of treatment response/non-response in the 'First continuing treatment' authority application will be compared against the baseline value(s) submitted in this application.

A stable parenteral support regimen is defined as a minimum of 3 days of parenteral support (parenteral nutrition with or without IV fluids) per week for 4 consecutive weeks to meet caloric, fluid or electrolyte needs.

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

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

### teduglutide 5 mg injection [28 vials] (& inert substance diluent [28 x 0.5 mL syringes], 1 pack

| 11795T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 11          | ..         | 21887.78 | Revestive [TK]              |

## ▪ TEDUGLUTIDE

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

**Note** Special Pricing Arrangements apply.

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

### Authority required

Type III Short bowel syndrome with intestinal failure

Treatment Phase: First continuing treatment

### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with this drug for this condition as a grandfathered patient, **AND**
- Patient must have a reduction in parenteral support frequency of at least one day per week compared to the mean number of days per week at baseline; OR
- Patient must have, as a patient yet to turn 18 years of age, a reduction in the mean weekly parenteral support volume of at least 20% (mL per kg of body weight) relative to baseline.

Refer to the measurement(s) stated in the Initial treatment authority application for the baseline dependence on parenteral support. Determine the current mean use per week of parental support in days (for a patient of any age) and/or the mean volume per week in mL per kg (for a patient yet to turn 18 years of age). State these values in this authority application.

The current mean number of days of parenteral support is calculated as the mean number of days in which any parenteral support is required (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

The current mean weekly parenteral support volume is calculated as the mean mL per kg of body weight of parenteral support (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

From 1 September 2021

Where the mean weekly volume of parenteral support in terms of mL per kg of body weight for 4 consecutive weeks has not been stated in an Initial treatment authority application for a patient yet to turn 18 years of age, provide in this authority application both:

- a known or estimated retrospective baseline value that would have applied to the patient immediately before commencing treatment with this drug, and
- the current value (observed over the preceding 4 weeks)

Provide these values for a child only where mean weekly volume is to be used as an alternative response assessment to mean days of parenteral support per week. Otherwise, continue to use mean days per week.

A patient who has turned 18 years of age since their last authority application may be assessed for response using either the mean number of days of parenteral support or mean volume of parenteral support. Any subsequent authority application after this application must be assessed using the mean number of days of parenteral support.

Patients who do not meet the clinical criteria with respect to demonstrating the minimum reduction in parenteral support must permanently discontinue PBS subsidy.

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

- a completed authority prescription form(s); and
- a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

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

### Authority required

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

**Clinical criteria:**

- Patient must have received PBS-subsidised first-continuing treatment with this drug for this condition and achieved a treatment response in the preceding treatment period; OR
- Patient must have received PBS-subsidised commencement of treatment following a trial cessation period and not have previously experienced a failure to respond to treatment with this drug for this condition.

**Treatment response****Adult:**

In a subsequent continuing treatment application, treatment response in a patient aged at least 18 years is one of:

- (i) a reduction in the mean number of days of parenteral support of at least 1 day per week since the last assessment for PBS-subsidised treatment; or
- (ii) parenteral support completely ceasing (due to clinical benefit from this drug) for a period of at least 4 consecutive weeks

Child (yet to turn 18 years of age):

In a subsequent continuing treatment application, treatment response in a child is one of:

- (iii) a reduction in the mean number of days of parenteral support of at least 1 day per week since the last assessment for PBS-subsidised treatment; or
- (iv) a reduction in the mean weekly volume of parenteral support (mL per kg of body weight) of at least 20% since the last assessment for PBS-subsidised treatment; or
- (v) parenteral support completely ceasing (due to clinical benefit from this drug) for a period of at least 4 consecutive weeks.

A patient who has turned 18 years of age since their last authority application may be assessed for response using either the mean number of days of parenteral support or mean volume of parenteral support. Any subsequent authority application after this application must be assessed using the mean number of days of parenteral support.

The current mean number of days of parenteral support is calculated as the mean number of days in which any parenteral support is required (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period

The current mean weekly parenteral support volume is calculated as the mean mL per kg of body weight of parenteral support (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

**Treatment failure****Adult:**

In a subsequent continuing treatment application, treatment failure is defined as an increase in the mean number of days per week in parenteral support (parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to the most recent authority application.

Child (yet to turn 18 years of age):

In a subsequent continuing treatment application, treatment failure is defined as at least one of the following occurring:

- (i) an increase in the mean number of days per week in parenteral support (parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to the most recent authority application; or
- (ii) an increase of 20% or more in the mean weekly volume of parenteral support (mL per kg of body weight; parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to most recent authority application.

Patients who experience failure of treatment must permanently discontinue treatment.

**Treatment stability**

A patient who neither demonstrates a treatment response as defined above nor a treatment failure as defined above since the last assessment for PBS-subsidised treatment is considered to have 'treatment stability'.

**Trial cessation period**

A patient with treatment stability must undertake a trial cessation period. A patient who re-commences treatment after a trial cessation period is exempt from further trial cessation periods.

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

- (a) a completed authority prescription form(s); and
- (b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Recommencement of treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have undertaken a trial cessation period due to experiencing a stable parenteral support regimen in the first continuing or subsequent continuing treatment phase, and not due to a treatment failure; OR
- Patient must have undertaken a trial cessation period for any medical reason other than lack of treatment efficacy, **AND**
- Patient must have experienced deterioration during a trial cessation period.

Deterioration during the trial cessation period includes an increase in parenteral support use, as well as changes in renal function, urinary sodium levels and changes in body weight in the absence of an increase in parenteral support use. This is not an exhaustive list of the signs/symptoms of disease deterioration - the treating physician must be satisfied that in the absence of treatment with this drug, the patient's condition has deteriorated.

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

- (a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Note** Authority applications to continue treatment after this application should occur under the 'Subsequent continuing treatment' phase.

### teduglutide 5 mg injection [28 vials] (&) inert substance diluent [28 x 0.5 mL syringes], 1 pack

| 11806J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21887.78 | Revestive [TK]              |

## ■ BLOOD AND BLOOD FORMING ORGANS

## ■ ANTIHEMORRHAGICS

### VITAMIN K AND OTHER HEMOSTATICS

#### Other systemic hemostatics

## ■ ELTROMBOPAG

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 1 - New patient

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy following the splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy following the splenectomy, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

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

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP.

The platelet count must be no more than 4 weeks old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 2 - New patient

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**

- Patient must not have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy, **AND**
- Patient must be unsuitable for splenectomy due to medical reasons, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

## **Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

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

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP, and
- (4) details of the reason of medical contraindication for surgery and date of assessment.

The platelet count must be no more than 4 weeks old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe thrombocytopenia

Treatment Phase: First Continuing treatment or Re-initiation of interrupted continuing treatment

## **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have demonstrated a sustained platelet response to PBS-subsidised treatment with this drug for this condition under the Initial treatment restriction if the patient has not had a treatment break; OR
- Patient must have demonstrated a sustained platelet response to the most recent PBS-subsidised treatment with this drug for this condition prior to interrupted treatment, **AND**
- Patient must not have previously received PBS-subsidised continuing treatment with romiplostim for this condition, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

## **Population criteria:**

- Patient must be aged 18 years or older.

For the purposes of this restriction, a sustained platelet response is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised treatment with this drug,

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart; OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the First continuing PBS-subsidised treatment or Re-initiation of interrupted PBS-subsidised continuing treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form, and
- (3) the most recent platelet count.



The platelet count must be conducted no later than 4 weeks from the date of completion of the most recent PBS-subsidised course of treatment with this drug.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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#### **Authority required**

Severe thrombocytopenia

Treatment Phase: Second or subsequent Continuing treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under first continuing or re-initiation of interrupted continuing treatment restriction, **AND**
- Patient must have demonstrated a continuing response to PBS-subsidised treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.

For the purpose of this restriction, a continuing response to treatment with drug is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with this drug

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L

OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

The platelet count must be no more than 4 weeks old at the time of application.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

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

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#### **Authority required**

Severe thrombocytopenia

Treatment Phase: Balance of supply or change of therapy within 24 weeks initial treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 restriction to complete 24 weeks treatment; OR
- Patient must be swapping therapy from romiplostim to this drug for this condition within the initial 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the First Continuing treatment or Re-initiation of interrupted continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Second and subsequent Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

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

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## eltrombopag 25 mg tablet, 28

| 5827Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 1340.54 | Revolade [NV]               |

## eltrombopag 50 mg tablet, 28

| 5828R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 2633.30 | Revolade [NV]               |

## ▪ ROMIPLOSTIM

### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 1 - New patient

### Clinical criteria:

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy following the splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy following the splenectomy, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

### Population criteria:

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be requested by telephone. The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

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

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP.

The platelet count must be no more than 4 weeks old at the time of application.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 2 - New patient

### Clinical criteria:

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must not have had a splenectomy, **AND**

- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy, **AND**
- Patient must be unsuitable for splenectomy due to medical reasons, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be requested by telephone. The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

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

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP, and
- (4) details of the reason of medical contraindication for surgery and date of assessment.

The platelet count must be no more than 4 weeks old at the time of application.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe thrombocytopenia

Treatment Phase: First Continuing treatment or Re-initiation of interrupted continuing treatment

**Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have demonstrated a sustained platelet response to PBS-subsidised treatment with this drug for this condition under the Initial treatment restriction if the patient has not had a treatment break; OR
- Patient must have demonstrated a sustained platelet response to the most recent PBS-subsidised treatment with this drug for this condition prior to interrupted treatment, **AND**
- Patient must not have previously received PBS-subsidised continuing treatment with eltrombopag for this condition, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

For the purposes of this restriction, a sustained platelet response is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised treatment with this drug,

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart; OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

Applications for the First continuing PBS-subsidised treatment or Re-initiation of interrupted PBS-subsidised continuing treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form, and
- (3) the most recent platelet count.

The platelet count must be conducted no later than 4 weeks from the date of completion of the most recent PBS-subsidised course of treatment with this drug.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Severe thrombocytopenia

Treatment Phase: Second or Subsequent Continuing treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under first continuing or re-initiation of interrupted continuing treatment restriction, **AND**
- Patient must have demonstrated a continuing response to PBS-subsidised treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.

For the purpose of this restriction, a continuing response to treatment with drug is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with this drug

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L

OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

The platelet count must be no more than 4 weeks old at the time of application.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

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

### **Authority required**

Severe thrombocytopenia

Treatment Phase: Balance of supply or change of therapy within 24 weeks initial treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 restriction to complete 24 weeks treatment; OR
- Patient must be swapping therapy from eltrombopag to this drug for this condition within the initial 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the First Continuing treatment or Re-initiation of interrupted continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Second and subsequent Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

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

#### romiplostim 250 microgram injection, 1 vial

| 9697J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 521.66  | Nplate [AN]                 |

#### romiplostim 500 microgram injection, 1 vial

| 9699L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 1035.55 | Nplate [AN]                 |

## ■ ANTIANEMIC PREPARATIONS

### OTHER ANTIANEMIC PREPARATIONS

*Other antianemic preparations*

#### ■ DARBEPOETIN ALFA

**Authority required (STREAMLINED)**

**9688**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

#### darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes

| 6322R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *742.02 | Aranesp [AN]                |

#### darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes

| 6320P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *292.76 | Aranesp [AN]                |

#### darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL pen device

| 6492Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 8             | 5           | ..         | *2064.26 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes

| 6326Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2064.34 | Aranesp [AN]                |

#### darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL pen device

| 6493R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 8             | 5           | ..         | *3052.42 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes

| 6365B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *3052.40 | Aranesp [AN]                |

#### darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL pen device

| 6488L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 8             | 5           | ..         | *544.50 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes

| 6321Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *544.46 | Aranesp [AN]                |

#### darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL pen device

| 6489M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 8             | 5           | ..         | *898.90 | Aranesp SureClick [AN]      |

## BLOOD AND BLOOD FORMING ORGANS

### darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6323T | 2             | 5           | ..         | *899.00 | Aranesp [AN]                |

### darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6324W | 2             | 5           | ..         | *1107.24 | Aranesp [AN]                |

### darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL pen device

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6490N | 8             | 5           | ..         | *1291.86 | Aranesp SureClick [AN]      |

### darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6325X | 2             | 5           | ..         | *1291.84 | Aranesp [AN]                |

### darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL pen device

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6491P | 8             | 5           | ..         | *1685.38 | Aranesp SureClick [AN]      |

### darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6438W | 2             | 5           | ..         | *1685.32 | Aranesp [AN]                |

## ■ EPOETIN ALFA

### Authority required (STREAMLINED)

**9688**

Anaemia associated with intrinsic renal disease

#### **Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

### epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6303R | 2             | 5           | ..         | *1012.28 | Eprex 6000 [JC]             |

### epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6305W | 2             | 5           | ..         | *1300.50 | Eprex 8000 [JC]             |

### epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6251B | 2             | 5           | ..         | *231.30 | Eprex 1000 [JC]             |

### epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6207Q | 2             | 5           | ..         | *1563.96 | Eprex 10000 [JC]            |

### epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6204M | 2             | 5           | ..         | *421.38 | Eprex 2000 [JC]             |

### epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6434P | 2             | 5           | ..         | *3030.46 | Eprex 20,000 [JC]           |

### epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6205N | 2             | 5           | ..         | *541.50 | Eprex 3000 [JC]             |

### epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6206P | 2             | 5           | ..         | *687.48 | Eprex 4000 [JC]             |

**epoetin alfa 40 000 units/mL injection, 1 mL syringe**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6339P | 2             | 5           | ..         | *1011.36 | Eprex 40,000 [JC]           |

**epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6302Q | 2             | 5           | ..         | *853.98 | Eprex 5000 [JC]             |

**▪ EPOETIN BETA****Authority required (STREAMLINED)****9688**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

**epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6485H | 2             | 5           | ..         | *1643.76 | NeoRecormon [RO]            |

**epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6480C | 2             | 5           | ..         | *443.14 | NeoRecormon [RO]            |

**epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6481D | 2             | 5           | ..         | *569.60 | NeoRecormon [RO]            |

**epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6482E | 2             | 5           | ..         | *723.26 | NeoRecormon [RO]            |

**epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 6483F | 2             | 5           | ..         | *898.54 | NeoRecormon [RO]            |

**epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 6484G | 2             | 5           | ..         | *1064.48 | NeoRecormon [RO]            |

**▪ EPOETIN LAMBDA****Authority required (STREAMLINED)****9688**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

**epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9685R | 2             | 5           | ..         | *243.06 | Novicrit [SZ]               |

**epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9595B | 2             | 5           | ..         | *1643.74 | Novicrit [SZ]               |

**epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9686T | 2             | 5           | ..         | *443.12 | Novicrit [SZ]               |

**epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9687W | 2             | 5           | ..         | *569.58 | Novicrit [SZ]               |

## CARDIOVASCULAR SYSTEM

### epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9688X | 2             | 5           | ..         | *723.24 | Novicrit [SZ]               |

### epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9588P | 2             | 5           | ..         | *898.50 | Novicrit [SZ]               |

### epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9590R | 2             | 5           | ..         | *1064.44 | Novicrit [SZ]               |

### epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9593X | 2             | 5           | ..         | *1366.38 | Novicrit [SZ]               |

## ■ METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA

### Authority required (STREAMLINED)

**9688**

Anaemia associated with intrinsic renal disease

### **Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

### methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9574X | 2             | 5           | ..         | *318.80 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9575Y | 2             | 5           | ..         | *526.14 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9576B | 2             | 5           | ..         | *762.62 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 9577C | 2             | 5           | ..         | *984.00 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9578D | 2             | 5           | ..         | *1134.54 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 0.3 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9579E | 2             | 5           | ..         | *1606.50 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 0.6 mL syringe

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9580F | 2             | 5           | ..         | *2742.36 | Mircera [RO]                |

## ■ CARDIOVASCULAR SYSTEM

## ■ ANTIHYPERTENSIVES

### OTHER ANTIHYPERTENSIVES

*Antihypertensives for pulmonary arterial hypertension*

## ■ AMBRISENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

### Authority required

Pulmonary arterial hypertension (PAH)



Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- a completed authority prescription form; and
- a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - RHC composite assessment; and
  - ECHO composite assessment; and
  - 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- RHC plus ECHO composite assessments;
- RHC composite assessment plus 6MWT;
- RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- ECHO composite assessment plus 6MWT;
- ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

**Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**ambrisentan 10 mg tablet, 30**

| 9649W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|       | 1             | 5           | ..         | 1892.32 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

**ambrisentan 5 mg tablet, 30**

| 9648T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|       | 1             | 5           | ..         | 1892.32 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

▪ **AMBRISENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

#### **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **ambrisentan 10 mg tablet, 30**

| 12180C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|        | 1             | 5           | ..         | 1892.32 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

#### **ambrisentan 5 mg tablet, 30**

| 12201E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|        | 1             | 5           | ..         | 1892.32 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

### **■ BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Cessation of treatment (all patients)

#### **Clinical criteria:**

- Patient must be receiving PBS-subsidised treatment with this PAH agent, **AND**
- The treatment must be for the purpose of gradual dose reduction prior to ceasing therapy.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.
- The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment. Treatment beyond 1 month will not be approved.

**bosentan 62.5 mg tablet, 60**

| 12143D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | ..          | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

■ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**bosentan 62.5 mg tablet, 60**

| 12139X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

■ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
  - The treatment must be the sole PBS-subsidised PAH agent for this condition.
- The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

If patients will be taking 62.5mg for the first month then 125 mg, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information and no repeats.

Prescribers should request the second authority prescription of therapy with the 125 mg tablet strengths, with a quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

If patients will be taking 62.5mg for longer than 1 month, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment and a maximum of 5 repeats based on the dosage recommendations in the TGA-approved Product Information.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

If patients will be taking 62.5mg for the first month then 125 mg, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information and no repeats.

Prescribers should request the second authority prescription of therapy with the 125 mg tablet strengths, with a quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

If patients will be taking 62.5mg for longer than 1 month, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment and a maximum of 5 repeats based on the dosage recommendations in the TGA-approved Product Information.

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**bosentan 125 mg tablet, 60**

| 6430K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                              | Brand Name and Manufacturer                                                                                                       |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|       | 1             | 5           | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan GH [GQ]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] |

**bosentan 62.5 mg tablet, 60**

| 6429J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|-------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|       | 1             | 5           | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

▪ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**



Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where multiple strengths of this drug are sought, the combined number of repeats sought for each strength should not exceed 5. If the optimal strength is still to be determined by the end of the initial PBS supply, prescribers are reminded that further supplies of the optimal strength may be obtained via the Continuing treatment listing via a telephone/online authority application.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

**Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR

- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**bosentan 62.5 mg tablet, 60**

| 12148J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

**■ BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where multiple strengths of this drug are sought, the combined number of repeats sought for each strength should not exceed 5. If the optimal strength is still to be determined by the end of the initial PBS supply, prescribers are reminded that further supplies of the optimal strength may be obtained via the Continuing treatment listing via a telephone/online authority application.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

#### **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

## bosentan 125 mg tablet, 60

| 12146G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                              | Brand Name and Manufacturer                                                                                                       |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 455.64  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan GH [GQ]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] |

## ■ EPOPROSTENOL

**Note** Pharmaceutical benefits that have the form epoprostenol 500 microgram injection vial & diluent and pharmaceutical benefits that have the form epoprostenol 500 microgram injection vial are equivalent for the purposes of substitution.

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

## Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis



- Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001
- Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

- Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

## **Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

#### epoprostenol 500 microgram injection, 1 vial

| 10111E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------|
|        | 30            | 5           | ..         | *1046.08 | <sup>a</sup> EPOPROSTENOL SUN [RA] | <sup>a</sup> Veletri [JC]   |

#### epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack

| 11069N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 30            | 5           | ..         | *933.58 | <sup>a</sup> Flolan [GK]    |

### ■ EPOPROSTENOL

**Note** Pharmaceutical benefits that have the form epoprostenol 1.5 mg injection vial & diluent and pharmaceutical benefits that have the form epoprostenol 1.5 mg injection vial are equivalent for the purposes of substitution.

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

#### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**

- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.



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

| 11082G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 30            | 5           | ..         | *1827.58 | <sup>a</sup> Flolan [GK]    |

**epoprostenol 1.5 mg injection, 1 vial**

| 10129D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------|
|        | 30            | 5           | ..         | *1827.58 | <sup>a</sup> EPOPROSTENOL SUN [RA] | <sup>a</sup> Veletri [JC]   |

**■ ILOPROST**

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class III drug and toxins induced PAH, or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

#### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost. PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## Clinical criteria:

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## Clinical criteria:

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

#### **Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## iloprost 20 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

| 6456T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 371.35  | Ventavis [BN]               |

## ■ MACITENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

### **Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- RHC composite assessment; and
- ECHO composite assessment; and
- 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

Pulmonary arterial hypertension (PAH)  
Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)  
Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## macitentan 10 mg tablet, 30

| 10134J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 2780.43 | Opsumit [JC]                |

## ■ MACITENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

### Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

### Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH



- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

#### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **macitentan 10 mg tablet, 30**

| 12135Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 2780.43 | Opsumit [JC]                |

## ■ RIOCIQUAT

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 1 month following cessation of therapy, as recommended by the TGA-approved Product Information.

**Note** Special Pricing Arrangements apply.

### Authority required

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Initial treatment

### **Clinical criteria:**

- Patient must have WHO Functional Class II, III or IV CTEPH, **AND**
- The condition must be inoperable by pulmonary endarterectomy; **OR**
- The condition must be recurrent or persistent following pulmonary endarterectomy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

### **Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

### **Population criteria:**

- Patient must be aged 18 years or older.

CTEPH that is inoperable by pulmonary endarterectomy is defined as follows:

- Right heart catheterisation (RHC) demonstrating pulmonary vascular resistance (PVR) of greater than 300 dyn\*sec\*cm<sup>-5</sup> measured at least 90 days after start of full anticoagulation; and
- A mean pulmonary artery pressure (PAPmean) of greater than 25 mmHg at least 90 days after start of full anticoagulation.

CTEPH that is recurrent or persistent subsequent to pulmonary endarterectomy is defined as follows:

- RHC demonstrating a PVR of greater than 300 dyn\*sec\*cm<sup>-5</sup> measured at least 180 days following pulmonary endarterectomy.

Where a RHC cannot be performed due to right ventricular dysfunction, an echocardiogram demonstrating the dysfunction must be provided at the time of application.

Applications for authorisation must be in writing and must include: (1) completed authority prescription forms sufficient for dose titration; and (2) a completed CTEPH PBS Initial Authority Application - Supporting Information form which includes results from the 3 tests below, to establish baseline measurements, where available: (i) RHC composite assessment, and (ii) ECHO composite assessment, and (iii) 6 Minute Walk Test (6MWT); and (3) a signed patient acknowledgment form; and (4) confirmation of evidence of inoperable CTEPH including results of a pulmonary vascular resistance (PVR), a mean pulmonary artery pressure (PAPmean) and the starting date of full anticoagulation; or (5) confirmation of evidence of recurrent or persistent CTEPH including result of PVR and the date that pulmonary endarterectomy was performed; or (6) confirmation of an echocardiogram demonstrating right ventricular dysfunction.

Where it is not possible to perform all 3 tests above on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference: (1) RHC plus ECHO composite assessments; (2) RHC composite assessment plus 6MWT; (3) RHC composite assessment only.

In circumstance where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference: (1) ECHO composite assessment plus 6MWT; (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

The test results provided must not be more than 2 months old at the time of application.

Prescriptions for dose titration must provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment. The quantity approved must be based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 3 repeats.

The assessment of the patient's response to the initial 20-week course of treatment should be made following the preceding 16 weeks of treatment, in order to allow sufficient time for a response to be demonstrated.

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

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrate stable or responding disease, **AND**

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

**Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be in writing and must include: (1) a completed authority prescription form; and (2) a completed CTEPH PBS Continuing Authority Application - Supporting Information form which includes results from the three tests below, where available: (i) RHC composite assessment; and (ii) ECHO composite assessment; and (iii) 6 Minute Walk Test (6MWT).

Test requirements to establish response to treatment for continuation of treatment are as follows:

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e., every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The test results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Response to this drug is defined as follows:

For patients with two or more baseline tests, response to treatment is defined as two or more tests demonstrating stability or improvement of disease.

For patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease.

For patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease.

The assessment of the patient's response to the continuing 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated.

The maximum quantity per prescription must be based on the dosage recommendations in the TGA-approved Product Information and be limited to provide sufficient supply for 1 month of treatment.

A maximum of 5 repeats will be authorised.

Applications for continuing treatment with this drug should be made two weeks prior to the completion of the 6-month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

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

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete a maximum of 20 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete a maximum of 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 20 or 24 weeks of treatment available under the above respective restriction, **AND**
- The treatment must be the sole PBS-subsidised agent for this condition.

**Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

**Population criteria:**

- Patient must be aged 18 years or older.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

**riociguat 500 microgram tablet, 42**

| 11009K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 500 microgram tablet, 84**

| 11008J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.42 | Adempas [BN]                |

**riociguat 1 mg tablet, 42**

| 10990K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 1 mg tablet, 84**

| 11010L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.42 | Adempas [BN]                |

**riociguat 1.5 mg tablet, 42**

| 10974N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 1.5 mg tablet, 84**

| 10975P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.42 | Adempas [BN]                |

**riociguat 2 mg tablet, 42**

| 11012N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 2 mg tablet, 84**

| 11017W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.42 | Adempas [BN]                |

**riociguat 2.5 mg tablet, 42**

| 10985E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 2.5 mg tablet, 84**

| 11018X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.42 | Adempas [BN]                |

**■ RIOCIQUAT**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have been assessed by a physician with expertise in the management of PAH, **AND**
- Patient must have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**riociguat 500 microgram tablet, 42**

| 11031N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

**riociguat 1 mg tablet, 42**

| 11028K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

▪ **RIOCIGUAT**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have been assessed by a physician with expertise in the management of PAH, **AND**
- Patient must have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

### **Clinical criteria:**



- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

#### riociguat 500 microgram tablet, 84

| 11058B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3311.42 | Adempas [BN]                |

#### riociguat 1 mg tablet, 84

| 11060D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3311.42 | Adempas [BN]                |

#### riociguat 1.5 mg tablet, 42

| 11046J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

#### riociguat 1.5 mg tablet, 84

| 11061E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3311.42 | Adempas [BN]                |

#### riociguat 2 mg tablet, 42

| 11045H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

#### riociguat 2 mg tablet, 84

| 11030M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3311.42 | Adempas [BN]                |

#### riociguat 2.5 mg tablet, 42

| 11052Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1679.60 | Adempas [BN]                |

#### riociguat 2.5 mg tablet, 84

| 11035T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3311.42 | Adempas [BN]                |

### SELEXIPAG

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

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

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

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment - dose titration

**Clinical criteria:**

- Patient must have failed to achieve/maintain a WHO Functional Class II status with PAH agents (other than this agent) given as dual therapy, **AND**
- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must be for dose titration purposes with the intent of completing the titration within 12 weeks, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**selexipag 200 microgram tablet, 140**

| 12241G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 8097.78 | Upravi [JC]                 |

▪ **SELEXIPAG**

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

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

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

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes:Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment - dose titration

**Clinical criteria:**

- Patient must have failed to achieve/maintain a WHO Functional Class II status with PAH agents (other than this agent) given as dual therapy, **AND**
- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must be for dose titration purposes with the intent of completing the titration within 12 weeks, **AND**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**selexipag 800 microgram tablet, 60**

| 12253X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3497.78 | Upravi [JC]                 |

**■ SELEXIPAG**

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

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

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

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment following dose titration

**Clinical criteria:**

- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- Patient must have completed the dose titration phase, **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

Select one appropriate strength (determined under the 'Initial treatment - dose titration' phase) and apply under this treatment phase (Initial treatment following dose titration) once only. Should future dose adjustments be required, apply under the 'Continuing treatment' restriction.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

For the purposes of administering this restriction, disease progression has developed if at least one of the following has occurred:

- (i) Hospitalisation due to worsening PAH;
- (ii) Deterioration of aerobic capacity/endurance, consisting of at least a 15% decrease in 6-Minute Walk Distance from baseline, combined with worsening of WHO functional class status;
- (iii) Deterioration of aerobic capacity/endurance, consisting of at least a 15% decrease in 6-Minute Walk Distance from baseline, combined with the need for additional PAH-specific therapy;
- (iv) Initiation of parenteral prostanoid therapy or long-term oxygen therapy for worsening of PAH;
- (v) Need for lung transplantation or balloon atrial septostomy for worsening of PAH.

#### **selexipag 200 microgram tablet, 60**

| 12242H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

#### **selexipag 400 microgram tablet, 60**

| 12260G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

#### **selexipag 600 microgram tablet, 60**

| 12248P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

#### **selexipag 800 microgram tablet, 60**

| 12246M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

#### **selexipag 1 mg tablet, 60**

| 12245L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

#### **selexipag 1.2 mg tablet, 60**

| 12257D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Uptravi [JC]                |

**selexipag 1.4 mg tablet, 60**

| 12251T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Upravi [JC]                 |

**selexipag 1.6 mg tablet, 60**

| 12264L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3497.78 | Upravi [JC]                 |

**■ SILDENAFIL**

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

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

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **sildenafil 20 mg tablet, 90**

| 9605M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                | Brand Name and Manufacturer             |
|-------|---------------|-------------|------------|---------|--------------------------------------------|-----------------------------------------|
|       | 1             | 5           | ..         | 183.90  | <sup>a</sup> Revatio [UJ]                  | <sup>a</sup> SILDATIO PHT [RW]          |
|       |               |             |            |         | <sup>a</sup> Sildenafil AN PHT 20 [EA]     | <sup>a</sup> Sildenafil PHT APOTEX [TY] |
|       |               |             |            |         | <sup>a</sup> Sildenafil Sandoz PHT 20 [SZ] |                                         |

## ▪ SILDENAFIL

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, but only for WHO Functional Class IV PAH.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

## **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)



**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in an untreated patient with Class IV disease severity; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in a patient with Class III/IV disease severity that had been treated with at least endothelin receptor/phosphodiesterase-5 inhibitor/prostanoid monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

### sildenafil 20 mg tablet, 90

| 12138W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                       | Brand Name and Manufacturer                                               |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 183.90  | <sup>a</sup> Revatio [UJ]<br><sup>a</sup> Sildenafil AN PHT 20 [EA]<br><sup>a</sup> Sildenafil Sandoz PHT 20 [SZ] | <sup>a</sup> SILDATIO PHT [RW]<br><sup>a</sup> Sildenafil PHT APOTEX [TY] |

### ▪ TADALAFIL

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

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

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

#### **Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease

- Schistosomiasis

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **tadalafil 20 mg tablet, 56**

| 1304P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------|-----------------------------|
|       | 1             | 5           | ..         | 502.34  | <sup>a</sup> Adcirca [LY]    | <sup>a</sup> Tadalca [CR]   |
|       |               |             |            |         | <sup>a</sup> TADALIS 20 [LR] |                             |

## ▪ TADALAFIL

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

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

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, but only for WHO Functional Class IV PAH.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

## **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

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

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in an untreated patient with Class IV disease severity; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in a patient with Class III/IV disease severity that had been treated with at least endothelin receptor/phosphodiesterase-5 inhibitor/prostanoid monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.



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

#### tadalafil 20 mg tablet, 56

| 12150L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | 5           | ..         | 502.34  | <sup>a</sup> Addcirca [LY]<br><sup>a</sup> TADALIS 20 [LR] | <sup>a</sup> Tadalca [CR]   |

## DERMATOLOGICALS

## ANTIPSORIATICS

### ANTIPSORIATICS FOR SYSTEMIC USE

*Psoralens for systemic use*

## METHOXSALLEN

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** The maximum quantity and maximum number of repeats are based on the following treatment protocol: one day of treatment per week for six weeks, then every two weeks for 12 weeks, then monthly thereafter. This differs from the Product Information. Requests for increased maximum quantities/maximum repeats will not be considered.

#### Authority required (STREAMLINED)

**10989**

Erythrodermic stage III-IVa T4 M0 Cutaneous T-cell lymphoma

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have demonstrated a response to treatment with this drug if treatment is continuing beyond 6 months of treatment for the first time, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; OR
- The treatment must be in combination with peginterferon alfa-2a only if used in combination with another drug, **AND**
- Patient must be receiving the medical service as described in item 14249 of the Medicare Benefits Schedule.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist.

A response, for the purposes of administering this continuing restriction, is defined as attaining a reduction of at least 50% in the overall skin lesion score from baseline, for at least 4 consecutive weeks. Refer to the Product Information for directions on calculating an overall skin lesion score. The definition of a clinically significant reduction in the Product Information differs to the 50% requirement for PBS-subsidy. Response only needs to be demonstrated after the first six months of treatment

#### methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials

| 12173Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.08          | 5           | ..         | *226.28 | Uvadex [TQ]                 |

## METHOXSALLEN

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** The maximum quantity and maximum number of repeats are based on the following treatment protocol: one day of treatment per week for six weeks, then every two weeks for 12 weeks, then monthly thereafter. This differs from the Product Information. Requests for increased maximum quantities/maximum repeats will not be considered.

#### Authority required (STREAMLINED)

**10971**

Erythrodermic stage III-IVa T4 M0 Cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have experienced disease progression while on at least one systemic treatment for this PBS indication prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance necessitating permanent treatment withdrawal to at least one systemic treatment for this PBS indication prior to initiating treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; OR
- The treatment must be in combination with peginterferon alfa-2a only if used in combination with another drug, **AND**
- Patient must be receiving the medical service as described in item 14247 of the Medicare Benefits Schedule, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist.

#### **Population criteria:**

- Patient must be aged 18 years or over.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12162D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.17          | 6           | ..         | *443.58 | Uvadex [TQ]                 |

**■ METHOXSALEN**

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** Up to 2 additional repeats to that stated in this listing may be sought.

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

**Authority required (STREAMLINED)****12567**

Chronic graft versus host disease

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received, at anytime prior to this pharmaceutical benefit within the same treatment episode, both: (i) this drug subsidised through the Initial treatment listing, (ii) the extracorporeal photopheresis-MBS benefit for initial treatment, **AND**
- Patient must have demonstrated a response to initial treatment with this drug (administered as part of MBS-subsidised extracorporeal photopheresis treatment) obtained through this drug's 'Initial treatment' PBS-listing for the same treatment episode.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with extracorporeal photopheresis as described in the Medicare Benefits Schedule for this condition, **AND**
- Patient must not be undergoing re-treatment through this treatment phase immediately following a relapse - see 'Initial treatment' for resuming treatment following relapse.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12839R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.17          | ..          | ..         | *443.58 | Uvadex [TQ]                 |

**■ METHOXSALEN**

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** Current Medicare Benefits Schedule item numbers for extracorporeal photopheresis for the treatment of chronic graft-versus host disease are: 13761 and 13762.

**Note** A new treatment episode is considered to have begun when treatment with this drug/extracorporeal photopheresis follows a relapse of the condition. There is no limit on the number of new treatment cycles that may be commenced, but re-treatment following a relapse must not commence under 'Continuing treatment'.

**Note** A maximum quantity (vials) of 12 with 1 repeat prescription provides 24 doses of this drug. An additional 25<sup>th</sup> dose can be prescribed under this treatment phase by issuance of a further prescription made out for one vial with nil repeats. Alternatively, the 25<sup>th</sup> dose can be sought under the 'Continuing treatment' restriction. The 26<sup>th</sup> dose and onwards must be requested under the 'Continuing treatment' restriction.

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

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

**Authority required (STREAMLINED)****12579**

Chronic graft versus host disease

Treatment Phase: Initial treatment in a treatment episode

**Clinical criteria:**

- The condition must be inadequately responsive to systemic corticosteroid treatment at a therapeutic dose, but has never been treated with this drug; OR
- The condition must have relapsed within 8 weeks of prior PBS-subsidised treatment with this drug administered via extracorporeal photopheresis; OR
- The condition must have relapsed with each of the following conditions being met: (i) prior PBS-subsidised treatment with this drug administered via extracorporeal photopheresis last occurred at least 8 weeks ago, (ii) a subsequent trial of systemic corticosteroids at therapeutic doses has been completed.

**Treatment criteria:**

- Patient must be undergoing treatment with this drug that is being administered within at least one of: (i) the first 12 weeks of a treatment episode, (ii) the first 25 doses (inclusive of the 25<sup>th</sup> dose) of a treatment episode, **AND**
- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing treatment with this drug following allogeneic haematopoietic stem cell transplantation, **AND**
- Patient must be undergoing concurrent treatment with extracorporeal photopheresis as described in the Medicare Benefits Schedule for this condition.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12855N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 2555.06 | Uvadex [TQ]                 |

## OTHER DERMATOLOGICAL PREPARATIONS

### OTHER DERMATOLOGICAL PREPARATIONS

*Agents for dermatitis, excluding corticosteroids*

#### ■ DUPILUMAB

##### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

##### (1) Initial treatment:

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or

(ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or

(iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

##### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

##### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

##### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

##### (5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at

least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

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

**Note** Special Pricing Arrangements apply.

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,  
OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

A swapping between 200 mg and 300 mg strengths is not permitted as the respective strengths are PBS approved for different patient cohorts.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

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

- (a) a completed authority prescription form; and
- (b) a completed Uncontrolled severe asthma adolescent and adult continuing PBS authority application form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.

**dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes**

| 12294C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1657.64 | Dupixent [SW]               |

**dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes**

| 12316F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1657.64 | Dupixent [SW]               |

**■ DUPILUMAB****Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a

treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

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

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment 1 - (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have been receiving regular maintenance oral corticosteroids (OCS) in the last 6 months with a stable daily OCS dose of 5 to 35 mg/day of prednisolone or equivalent over the 4 weeks prior to treatment initiation, **AND**
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months; OR
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, that is no more than 1 year old, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids as outlined in the clinical criteria.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break..

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 600 mg as an initial dose, followed by 300 mg every 2 weeks thereafter.

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

- (a) a completed authority prescription form; and
- (b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; or
  - (iv) the IgE result; and
  - (v) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have each of: i) total serum human immunoglobulin E greater than or equal to 30 IU/mL measured no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, ii) past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the past 12 months or in the 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must have received regular maintenance oral corticosteroids (OCS) in the last 6 months with a stable daily OCS dose of 5 to 35 mg/day of prednisolone or equivalent over the 4 weeks prior to treatment initiation, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

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

- (a) a completed authority prescription form; and

(b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) eosinophil count and date; and
- (iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); or
- (v) the IgE results; and
- (vi) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment at around 28 weeks, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy at a dose of 600 mg as an initial dose, followed by 300 mg every 2 weeks thereafter.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

#### dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes

| 12310X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 8           | ..         | 1657.64 | Dupixent [SW]               |

## ■ DUPILUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to



ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment 1 - (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**

- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months; OR
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

**Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 400 mg as an initial dose, followed by 200 mg every 2 weeks thereafter.

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

- (a) a completed authority prescription form; and
- (b) a completed Severe asthma - adolescent and adult initial PBS authority application form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; or
  - (iv) the IgE result; and
  - (v) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a total serum human immunoglobulin E greater than or equal to 30 IU/mL with a past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

**Population criteria:**

- Patient must be aged 12 years or older.

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

(a) a completed authority prescription form; and

(b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:

(i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and

(iii) eosinophil count and date; and

(iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); or

(v) the IgE results; and

(vi) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment at around 28 weeks, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 400 mg as an initial dose, followed by 200 mg every 2 weeks thereafter.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

**dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes**

| 12313C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 8           | ..         | 1657.64 | Dupixent [SW]               |

**SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS**
**PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES**
**ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES**
*Other anterior pituitary lobe hormones and analogues*
**PEGVISOMANT**

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

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)  
Applications for authority to prescribe should be forwarded to:  
Department of Human Services  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Acromegaly

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue.

Somatostatin analogues include octreotide, lanreotide and pasireotide

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:

- 1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR
- 2) IGF-1 level is greater than the age- and sex-adjusted ULN.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

Two completed authority prescriptions should be submitted with the initial application for this drug. One prescription should be for the loading dose of 80 mg for a quantity of 4 vials of 20 mg with no repeats. The second prescription should be for subsequent doses, starting from 10 mg daily, and allowing dose adjustments in increments of 5 mg based on serum IGF-1 levels measured every 4 to 6 weeks in order to maintain the serum IGF-1 level within the age-adjusted normal range based on the dosage recommendations in the TGA-approved Product Information.

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

- a) two completed authority prescription forms ; and
- b) a completed Acromegaly Pegvisomant initial PBS Authority Application - Supporting Information Form; and
- c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy, the date and result of IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy; and
- d) a recent result of the IGF-1 level and the date of assessment ; and
- e) demonstration of failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide

No increase in the maximum quantity or number of units may be authorised for the loading dose.

## **pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack**

| 11166Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 4             | ..          | ..         | *587.22 | Somavert [PF]               |

## **■ PEGVISOMANT**

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

**Note** Special Pricing Arrangements apply.

## **Authority required**

Acromegaly

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue.

Somatostatin analogues include octreotide, lanreotide and pasireotide

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:

1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR

2) IGF-1 level is greater than the age- and sex-adjusted ULN.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

Two completed authority prescriptions should be submitted with the initial application for this drug. One prescription should be for the loading dose of 80 mg for a quantity of 4 vials of 20 mg with no repeats. The second prescription should be for subsequent doses, starting from 10 mg daily, and allowing dose adjustments in increments of 5 mg based on serum IGF-1 levels measured every 4 to 6 weeks in order to maintain the serum IGF-1 level within the age-adjusted normal range based on the dosage recommendations in the TGA-approved Product Information.

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

a) two completed authority prescription forms ; and

b) a completed Acromegaly Pegvisomant initial PBS Authority Application - Supporting Information Form; and

c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy, the date and result of IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy; and

d) a recent result of the IGF-1 level and the date of assessment ; and

e) demonstration of failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide

No increase in the maximum quantity or number of units may be authorised for the loading dose.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs Programs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Acromegaly

Treatment Phase: Continuing treatment

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue, **AND**
- The treatment must cease if IGF-1 is not lower after 3 months of pegvisomant treatment at the maximum tolerated dose. Somatostatin analogues include octreotide, lanreotide and pasireotide

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of IGF-1 level taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of application.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11167R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4226.35 | Somavert [PF]               |

#### pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11172B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4226.35 | Somavert [PF]               |

#### pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11174D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4226.35 | Somavert [PF]               |

### HYPOTHALAMIC HORMONES

#### Somatostatin and analogues

## ■ LANREOTIDE

**Authority required (STREAMLINED)****9261**

Acromegaly

**Clinical criteria:**

- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**
- The treatment must be after failure of other therapy including dopamine agonists; OR
- The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
- The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
- The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
- The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

**Authority required (STREAMLINED)****9260**

Functional carcinoid tumour

**Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe**

| 6425E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *3686.66 | Somatuline Autogel [IS]     |

**lanreotide 60 mg/0.5 mL injection, 0.5 mL syringe**

| 6423C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2232.74 | Somatuline Autogel [IS]     |

**lanreotide 90 mg/0.5 mL injection, 0.5 mL syringe**

| 6424D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2955.64 | Somatuline Autogel [IS]     |

## ■ LANREOTIDE

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

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

**Authority required (STREAMLINED)****10077**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

**Clinical criteria:**

- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

**lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe**

| 11527Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *3686.66 | Somatuline Autogel [IS]     |

## ■ OCTREOTIDE

**Authority required (STREAMLINED)****9262**

Acromegaly

**Clinical criteria:**

- The condition must be controlled with octreotide immediate release injections, **AND**
  - The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
  - The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
  - The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition.
- In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

**Authority required (STREAMLINED)**

**9313**

Functional carcinoid tumour

**Clinical criteria:**

- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**Authority required (STREAMLINED)**

**9288**

Vasoactive intestinal peptide secreting tumour (VIPoma)

**Clinical criteria:**

- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**octreotide 10 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10566D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *2661.50 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**octreotide 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10549F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *3527.40 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10558Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *4046.40 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

▪ **OCTREOTIDE**

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

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

**Authority required (STREAMLINED)**

**10077**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

**Clinical criteria:**

- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

**octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 11894B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *4046.40 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

▪ **OCTREOTIDE**

**Authority required (STREAMLINED)**

**9233**

Acromegaly

**Clinical criteria:**

- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**

- The treatment must be after failure of other therapy including dopamine agonists; OR
  - The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
  - The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
  - The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks, **AND**
  - The treatment must cease if IGF1 is not lower after 3 months of treatment at a dose of 100 micrograms 3 time daily, **AND**
  - The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition.
- In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

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

**9289**

Functional carcinoid tumour

#### **Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

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

**9232**

Vasoactive intestinal peptide secreting tumour (VIPoma)

#### **Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

#### **octreotide 50 microgram/mL injection, 5 x 1 mL ampoules**

| 6227R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                              |
|-------|---------------|-------------|------------|---------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *651.64 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.05 [NV] |

#### **octreotide 100 microgram/mL injection, 5 x 1 mL ampoules**

| 6228T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                             |
|-------|---------------|-------------|------------|----------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *1284.16 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.1 [NV] |

#### **octreotide 500 microgram/mL injection, 5 x 1 mL ampoules**

| 6229W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                             |
|-------|---------------|-------------|------------|----------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *6242.26 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.5 [NV] |

### **■ PASIREOTIDE EMBONATE**

**Caution** Careful monitoring of patients is mandatory due to high risk of developing hyperglycaemia

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Acromegaly

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a mean growth hormone (GH) level greater than 1 microgram per litre or 3 mIU/L; OR
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

#### **Population criteria:**

- Patient must be aged 18 years or older.



If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:

- 1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR
- 2) IGF-1 level is greater than the age- and sex-adjusted ULN.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

- 1) Growth hormone (GH) levels of less than 1 mcg/L or 3 mIU/L; OR
- 2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

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

- a) a completed authority prescription form; and
- b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and
- c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; the date and result of GH or IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided; and
- d) a recent result of GH or IGF-1 levels must be provided.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Acromegaly

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

#### **Population criteria:**

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

- 1) Growth hormone (GH) levels of less than 1 mcg/L or 3 mIU/L; OR
- 2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy and the GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of approval.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written applications for authorisation under this criterion should be forwarded to:

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

#### **pasireotide (as embonate) 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10880P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *7457.78 | Signifor LAR [RJ]           |

#### **pasireotide (as embonate) 40 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10884W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *7457.78 | Signifor LAR [RJ]           |

pasireotide (as embonate) 60 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

| 10887B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *7457.78 | Signifor LAR [RJ]           |

## ■ CALCIUM HOMEOSTASIS

### ANTI-PARATHYROID AGENTS

*Other anti-parathyroid agents*

## ■ CINACALCET

**Note** "Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

#### Authority required (STREAMLINED)

**10063**

Secondary hyperparathyroidism

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a nephrologist.

#### **Clinical criteria:**

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

During the maintenance phase, iPTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

During the maintenance phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment up to a maximum of 6 months supply, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

#### **cinacalcet 30 mg tablet, 28**

| 11891W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|        | 2             | 5           | ..         | *76.42  | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 60 mg tablet, 28**

| 11889R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|        | 2             | 5           | ..         | *142.24 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 90 mg tablet, 28**

| 11888Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|        | 2             | 5           | ..         | *209.46 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

## ■ CINACALCET

**Note** "Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

#### Authority required

Secondary hyperparathyroidism

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a nephrologist.

#### **Clinical criteria:**

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have failed to respond to conventional therapy, **AND**
- Patient must have sustained hyperparathyroidism with iPTH of at least 50 pmol per L; OR
- Patient must have sustained hyperparathyroidism with iPTH of at least 15 pmol per L and less than 50 pmol per L and an (adjusted) serum calcium concentration at least 2.6 mmol per L.

During the titration phase, intact PTH (iPTH) should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved.

During the titration phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

#### **cinacalcet 30 mg tablet, 28**

| 9625N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *76.42  | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 60 mg tablet, 28**

| 9626P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *142.24 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

**cinacalcet 90 mg tablet, 28**

| 9627Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *209.46 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

■ **ANTIINFECTIVES FOR SYSTEMIC USE**

■ **ANTIBACTERIALS FOR SYSTEMIC USE**

**MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS**

*Macrolides*

■ **AZITHROMYCIN**

Authority required (STREAMLINED)

**9604**

Mycobacterium avium complex infection

**Clinical criteria:**

- The treatment must be for prophylaxis, **AND**
- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

**azithromycin 600 mg tablet, 8**

| 6221K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *122.98 | Zithromax [PF]              |

NP

■ **ANTIMYCOBACTERIALS**

**DRUGS FOR TREATMENT OF TUBERCULOSIS**

*Antibiotics*

■ **RIFABUTIN**

Authority required (STREAMLINED)

**9560**

Mycobacterium avium complex infection

**Clinical criteria:**

- Patient must be human immunodeficiency virus (HIV) positive.

Authority required (STREAMLINED)

**9622**

Mycobacterium avium complex infection

**Clinical criteria:**

- The treatment must be for prophylaxis, **AND**
- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

**rifabutin 150 mg capsule, 30**

| 6195C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 5           | ..         | *554.66 | Mycobutin [PF]              |

NP

■ **ANTIVIRALS FOR SYSTEMIC USE**

**DIRECT ACTING ANTIVIRALS**

*Nucleosides and nucleotides excl. reverse transcriptase inhibitors*

■ **GANCICLOVIR**

Authority required (STREAMLINED)

**9404**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

- Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.

Authority required (STREAMLINED)

**9526**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

- Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

## ANTIINFECTIVES FOR SYSTEMIC USE

### ganciclovir 500 mg injection, 5 vials

| 6136Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------------|
|       | 2             | 1           | ..         | *249.24 | <sup>a</sup> Cymevene [PB]  | <sup>a</sup> GANCICLOVIR SXP [XC] |

### ■ VALACICLOVIR

#### Authority required (STREAMLINED)

**9267**

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

#### **Clinical criteria:**

- Patient must have undergone a renal transplant, **AND**
- Patient must be at risk of cytomegalovirus disease.

### valaciclovir 500 mg tablet, 100

| 6280M | Max.Qty Packs | No. of Rpts | Premium \$         | DPMQ \$ | Brand Name and Manufacturer                                              | Brand Name and Manufacturer           |
|-------|---------------|-------------|--------------------|---------|--------------------------------------------------------------------------|---------------------------------------|
|       | 5             | 2           | ..                 | *237.63 | <sup>a</sup> APX-Valaciclovir [TY]<br><sup>a</sup> Valaciclovir RBX [RA] | <sup>a</sup> Valaciclovir APOTEX [GX] |
|       |               |             | <sup>B</sup> 15.50 | *253.13 | <sup>a</sup> Valtrex [RW]                                                |                                       |

### ■ VALGANCICLOVIR

#### Authority required (STREAMLINED)

**9316**

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

#### **Clinical criteria:**

- Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

### valganciclovir 50 mg/mL powder for oral liquid, 100 mL

| 9675F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|-----------|-----------------------------|
|       | 11            | 5           | ..         | *#4397.13 | Valcyte [RO]                |

### valganciclovir 450 mg tablet, 60

| 6357N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *1143.32 | <sup>a</sup> VALGANCICLOVIR HETERO [GG]<br><sup>a</sup> Valganciclovir Sandoz [SZ] | <sup>a</sup> Valganciclovir Mylan [AF] |

### *Antivirals for treatment of HCV infections*

### ■ GLECAPREVIR + PIBRENTASVIR

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

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### **Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

### glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

| 11337Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 3           | ..         | 17781.12 | Maviret [VE]                |

NP

### ■ GLECAPREVIR + PIBRENTASVIR

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

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### **Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

**glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84**

| 11346E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 17781.12 | Maviret [VE]                |

**▪ GLECAPREVIR + PIBRENTASVIR**

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

**glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84**

| 11355P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 1           | ..         | 17781.12 | Maviret [VE]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

**ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28**

| 10653Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 1           | ..         | 11922.78 | Harvoni [GI]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

**ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28**

| 10672Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 11922.78 | Harvoni [GI]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

| 10679C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 5           | ..         | 11922.78 | Harvoni [GI]                |

#### ■ RIBAVIRIN

**Caution** Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

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

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

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

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

#### Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

### ribavirin 200 mg tablet, 100

| 12809E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
| NP     | 2             | 2           | ..         | *995.78 | Ibavir [IX]                 |

#### ■ SOFOSBUVIR + VELPATASVIR

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

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

### sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

| 11144M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 12547.78 | Epclusa [GI]                |

#### ■ SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

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

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

### sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

| 11659P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 12547.78 | Vosevi [GI]                 |

## ■ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

## ■ ANTINEOPLASTIC AGENTS

### ANTIMETABOLITES

#### Pyrimidine analogues

## ■ AZACITIDINE

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

### Authority required

Acute Myeloid Leukaemia

### Clinical criteria:

- The treatment must be used in combination with venetoclax (refer to Product Information for timing of azacitidine and venetoclax doses).

### azacitidine 100 mg injection, 1 vial

| 12784W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|--------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|        | 14            | 2           | ..         | *1393.78 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |

## ■ AZACITIDINE

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

### Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

### Clinical criteria:

- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
- The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS).  
Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:
  - 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
  - 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
  - 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
  - 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
  - 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
  - Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.
 Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:
  - 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
  - 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
  - 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
  - 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.
 The first authority application must be made in writing and must include:
  - a completed authority prescription form; and
  - a completed Azacitidine PBS Authority Application - Supporting Information Form; and
  - a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and
  - a copy of the full blood examination report; and
  - a copy of the pathology report detailing the cytogenetics demonstrating intermediate-2 or high risk disease according to the International Prognostic Scoring System (IPSS); and
  - a signed patient acknowledgment form.

No more than 3 cycles will be authorised.

### Authority required

Chronic Myelomonocytic Leukaemia

Treatment Phase: Initial treatment

### Clinical criteria:

- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder. The first authority application must be made in writing and must include:
  - (a) a completed authority prescription form; and
  - (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
  - (c) a copy of the bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia ; and
  - (d) a copy of the full blood examination report; and
  - (e) a signed patient acknowledgement.

No more than 3 cycles will be authorised.

#### **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

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

- (a) a completed authority prescription form; and
- (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
- (c) a copy of the bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and
- (d) a copy of the full blood examination report; and
- (e) a signed patient acknowledgement.

No more than 3 cycles will be authorised.

#### **azacitidine 100 mg injection, 1 vial**

| 6100C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|       | 14            | 2           | ..         | *1393.78 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |

### ■ AZACITIDINE

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

#### **Authority required**

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
- The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

#### **Authority required**

Chronic Myelomonocytic Leukaemia

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

#### **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

#### **azacitidine 100 mg injection, 1 vial**

| 6138C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|       | 14            | 5           | ..         | *1393.78 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |



## CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

## Anthracyclines and related substances

## ■ DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL)

## Authority required (STREAMLINED)

9287

Kaposi sarcoma

## Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive mucocutaneous involvement.

## Authority required (STREAMLINED)

9223

Kaposi sarcoma

## Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive visceral involvement.

## doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial

| 6249X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer                 |
|-------|---------------|-------------|------------|---------|-----------------------------|---------------------------------------------|
| NP    | 4             | 5           | ..         | *937.30 | <sup>a</sup> Caelyx [BX]    | <sup>a</sup> Liposomal Doxorubicin SUN [RA] |

## PROTEIN KINASE INHIBITORS

## Other protein kinase inhibitors

## ■ MIDOSTAURIN

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

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

**Note** Special Pricing Arrangements apply.

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

## Authority required

Acute Myeloid Leukaemia

Treatment Phase: Induction / Consolidation therapy

## Clinical criteria:

- Patient must not have received prior chemotherapy as induction therapy for this condition; OR
- The treatment must be for consolidation treatment following induction treatment with midostaurin in combination with chemotherapy, **AND**
- The condition must be internal tandem duplication (ITD) or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia, **AND**
- The treatment must be in combination with standard intensive remission induction or consolidation chemotherapy for this condition.

A maximum of 6 cycles will be authorised under this restriction in a lifetime.

Standard intensive remission induction combination chemotherapy must include cytarabine and an anthracycline.

The FLT3 ITD or TKD mutation test result and date of testing must be provided at the time of application.

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

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;
- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

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

## midostaurin 25 mg capsule, 56

| 11506N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 10254.28 | Rydapt [NV]                 |

## ■ MIDOSTAURIN

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

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

**Note** Special Pricing Arrangements apply.

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

## **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Maintenance therapy - Continuing treatment

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial maintenance treatment restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not be undergoing or have undergone a stem cell transplant.

A maximum of 9 cycles will be authorised under this restriction in a lifetime.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;
- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

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

## **midostaurin 25 mg capsule, 112**

| 11518F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 20460.78 | Rydapt [NV]                 |

## ▪ MIDOSTAURIN

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

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

**Note** Special Pricing Arrangements apply.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Maintenance therapy - Initial treatment

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated complete remission after induction and consolidation chemotherapy in combination with midostaurin, **AND**
- Patient must not be undergoing or have undergone a stem cell transplant, **AND**
- The condition must have been internal tandem duplication (ITD) or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition.

A maximum of 3 cycles will be authorised under this restriction in a lifetime.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;
- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

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

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

### midostaurin 25 mg capsule, 112

| 11531X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 20460.78 | Rydapt [NV]                 |

## MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES

### CD20 (Clusters of Differentiation 20) inhibitors

#### ■ RITUXIMAB

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 12721M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 361.17  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

### ■ RITUXIMAB

#### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24

months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Abatacept patients:**

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

**Infliximab subcutaneous form only:**

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

**Rituximab patients:**

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

**(b) Continuing treatment.**

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

**Adalimumab and Infliximab only:**

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

**Infliximab patients:**

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

**Rituximab patients:**

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

**(2) Swapping therapy**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

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

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

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

#### Authority required (STREAMLINED)

**9611**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 11790M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 2             | 1           | ..         | *714.56 | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

#### ▪ RITUXIMAB

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

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

#### Authority required (STREAMLINED)

**9640**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

#### Authority required (STREAMLINED)

**9641**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 11804G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|--------------------------------------------------------|-----------------------------|
|        | 4             | ..          | ..         | *1406.98 | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

#### ■ RITUXIMAB

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

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

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

##### **9640**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

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

##### **9641**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

#### **rituximab 100 mg/10 mL injection, 2 x 10 mL vials**

| 11810N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 3             | ..          | ..         | *431.86 | <sup>a</sup> Riximyo [SZ]   | <sup>a</sup> Truxima [EW]   |

#### **▪ RITUXIMAB**

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available



on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

## **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

## **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

## **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**

- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## rituximab 500 mg/50 mL injection, 50 mL vial

| 10576P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 361.17  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

## ▪ RITUXIMAB

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

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

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

### Authority required

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

### **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further

information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)). Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

## **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## **rituximab 100 mg/10 mL injection, 2 x 10 mL vials**

| 10583B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 1             | ..          | ..         | 149.14  | <sup>a</sup> Riximyo [SZ]   | <sup>a</sup> Truxima [EW]   |

## ▪ RITUXIMAB

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,

- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months). Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20

mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

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

- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:



an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

### rituximab 500 mg/50 mL injection, 50 mL vial

| 9611W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 361.17  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

## OTHER ANTINEOPLASTIC AGENTS

### Monoclonal antibodies

#### ▪ RITUXIMAB

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

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

#### Authority required (STREAMLINED)

##### 9640

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

#### Authority required (STREAMLINED)

##### 9641

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

### rituximab 100 mg/10 mL injection, 10 mL vial

| 13000F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | ..          | ..         | *431.86 | <sup>a</sup> Ruxience [PF]  |

## ■ RITUXIMAB

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

### Authority required

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

### Clinical criteria:

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

### Authority required

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

### Clinical criteria:

- The treatment must be for the induction of remission, **AND**
  - Patient must not have previously received this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance therapy.
- The authority application must be made in writing

## Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)). Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

### Authority required

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
  - Patient must have previously received and responded to this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance of remission
- The authority application must be made in writing

### Authority required

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
  - Patient must have previously received and responded to this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance therapy.
- The authority application must be made in writing

## rituximab 100 mg/10 mL injection, 10 mL vial

| 12998D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *149.14 | <sup>a</sup> Ruxience [PF]  |

## ■ IMMUNOSTIMULANTS

### IMMUNOSTIMULANTS

#### Colony stimulating factors

## ■ FILGRASTIM

### Authority required (STREAMLINED)

8674

Chemotherapy-induced neutropenia

### Clinical criteria:

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

### Authority required (STREAMLINED)

8667

Chemotherapy-induced neutropenia

### Clinical criteria:

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**

**8672**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

**Authority required (STREAMLINED)**

**8668**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

**Authority required (STREAMLINED)**

**8671**

Assisting bone marrow transplantation

**Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

**Authority required (STREAMLINED)**

**8696**

Assisting autologous peripheral blood progenitor cell transplantation

**Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

**Authority required (STREAMLINED)**

**8669**

Severe congenital neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

**Authority required (STREAMLINED)**

**8670**

Severe chronic neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**Authority required (STREAMLINED)**

**8673**

Chronic cyclical neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 120 microgram/0.2 mL injection, 10 x 0.2 mL syringes**

5830W

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 11          | ..         | *265.36 | Nivestim [PF]               |

▪ **FILGRASTIM**

**Note** Pharmaceutical benefits that have the forms filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes and filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials and filgrastim 480 microgram/0.5 mL injection, 5 x 0.5 mL syringes are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**8674**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**

**8667**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**8672**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

**Authority required (STREAMLINED)**
**8668**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

**Authority required (STREAMLINED)**
**8671**

Assisting bone marrow transplantation

**Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

**Authority required (STREAMLINED)**
**8696**

Assisting autologous peripheral blood progenitor cell transplantation

**Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

**Authority required (STREAMLINED)**
**8669**

Severe congenital neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

**Authority required (STREAMLINED)**
**8670**

Severe chronic neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**Authority required (STREAMLINED)**
**8673**

Chronic cyclical neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes**

| 6292E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 11          | ..         | *583.06 | <sup>a</sup> Neupogen [AN]  | <sup>a</sup> Nivestim [PF]  |

**filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials**

| 6127L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 11          | ..         | *583.08 | <sup>a</sup> Neupogen [AN]  |

**filgrastim 480 microgram/0.5 mL injection, 5 x 0.5 mL syringes**

| 2733W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 11          | ..         | *583.06 | <sup>a</sup> Zarzio [SZ]    |

## ■ FILGRASTIM

**Note** Pharmaceutical benefits that have the forms filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes and filgrastim 300 microgram/0.5 mL injection, 5 x 0.5 mL syringes and filgrastim 300 microgram/mL injection, 10 x 1 mL vials are equivalent for the purposes of substitution.

### Authority required (STREAMLINED)

**8674**

Chemotherapy-induced neutropenia

#### **Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

### Authority required (STREAMLINED)

**8667**

Chemotherapy-induced neutropenia

#### **Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

### Authority required (STREAMLINED)

**8672**

Mobilisation of peripheral blood progenitor cells

#### **Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

### Authority required (STREAMLINED)

**8668**

Mobilisation of peripheral blood progenitor cells

#### **Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

### Authority required (STREAMLINED)

**8671**

Assisting bone marrow transplantation

#### **Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

### Authority required (STREAMLINED)

**8696**

Assisting autologous peripheral blood progenitor cell transplantation

#### **Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

### Authority required (STREAMLINED)

**8669**

Severe congenital neutropenia

#### **Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

### Authority required (STREAMLINED)

**8670**

Severe chronic neutropenia

#### **Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

### Authority required (STREAMLINED)

**8673**

Chronic cyclical neutropenia

#### **Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes**

| 6291D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 11          | ..         | *366.66 | <sup>a</sup> Neupogen [AN]  | <sup>a</sup> Nivestim [PF]  |

**filgrastim 300 microgram/mL injection, 10 x 1 mL vials**

| 6126K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 11          | ..         | *651.74 | <sup>a</sup> Neupogen [AN]  |

**filgrastim 300 microgram/0.5 mL injection, 5 x 0.5 mL syringes**

| 2747N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 11          | ..         | *366.66 | <sup>a</sup> Zarzio [SZ]    |

**■ LIPEGFILGRASTIM**
**Authority required (STREAMLINED)**
**9224**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**9322**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**lipegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe**

| 10931H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 11          | ..         | 1164.03 | Lonquex [TB]                |

**■ PEGFILGRASTIM**
**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Pelgraz or Ziextenzo is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Authority required (STREAMLINED)**
**9235**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**9303**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe**

| 6363X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                              | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------------------------------------------------------|-----------------------------|
|       | 1             | 11          | ..         | 193.09  | <sup>a</sup> Pelgraz [OC]<br><sup>a</sup> Ziextenzo [SZ] | <sup>a</sup> Ristempa [JO]  |

**Interferons**
**■ INTERFERON GAMMA-1B**
**Authority required (STREAMLINED)**
**9639**

Chronic granulomatous disease

**Clinical criteria:**

- Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.



**interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials**

| 6148N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 11          | ..         | *2258.58 | Imukin [LM]                 |

▪ **PEGINTERFERON ALFA-2A**

**Caution** Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Note** Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:  
(a) a nurse educator/counsellor for patients; and  
(b) 24-hour access by patients to medical advice; and  
(c) an established liver clinic.

**Authority required (STREAMLINED)**

**9603**

Chronic hepatitis C infection

**Treatment criteria:**

- Must be treated in an accredited treatment centre.

**Population criteria:**

- Patient must be aged 18 years or older, **AND**
- Patient must not be pregnant or breastfeeding, and must be using an effective form of contraception if female and of child-bearing age.

**Clinical criteria:**

- Patient must have compensated liver disease, **AND**
- Patient must not have received prior interferon alfa or peginterferon alfa treatment for hepatitis C, **AND**
- Patient must have a contraindication to ribavirin, **AND**
- The treatment must cease unless the results of an HCV RNA quantitative assay at week 12 (performed at the same laboratory using the same test) show that plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop, **AND**
- The treatment must be limited to a maximum duration of 48 weeks.

Evidence of chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive) must be documented in the patient's medical records.

**peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 6439X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1100.02 | Pegasys [XO]                |

**peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 6449K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1266.36 | Pegasys [XO]                |

*Other immunostimulants*

▪ **PLERIXAFOR**

**Note** Special Pricing Arrangements apply.

**Note** Applications for increased maximum quantities will only be authorised for patients with body weight greater than 100 kg.

**Authority required (STREAMLINED)**

**9329**

Mobilisation of haematopoietic stem cells

**Clinical criteria:**

- The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF), **AND**
- Patient must have lymphoma; OR
- Patient must have multiple myeloma, **AND**
- Patient must require autologous stem cell transplantation, **AND**
- Patient must have failed previous stem cell collection; OR
- Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per millilitre or less than 10 million per litre on the day of planned collection; OR
- Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg.

Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.

**plerixafor 24 mg/1.2 mL injection, 1.2 mL vial**

| 10084R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 6689.23 | Mozobil [GZ]                |

## ■ IMMUNOSUPPRESSANTS

### IMMUNOSUPPRESSANTS

#### Selective immunosuppressants

## ■ ABATACEPT

### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

**AND** either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 5 repeats will be authorised.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

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

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

- Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.  
This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).
- Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - Balance of Supply

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) restriction to complete 24 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## abatacept 250 mg injection, 1 vial

| 12738K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 284.77  | Orencia [BQ]                |

## ■ ABATACEPT

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of

rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

- (a) a total active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number



of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).  
Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **abatacept 250 mg injection, 1 vial**

| 9621J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 284.77  | Orencia [BQ]                |

#### **■ ALEMTUZUMAB**

**Note** Neurologists prescribing PBS-subsidised alemtuzumab must be registered with the Lemtrada monitoring program.

**Note** Special Pricing Arrangements apply.

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

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

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

**9589**

Multiple sclerosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

#### **Treatment criteria:**

- Must be treated by a neurologist.

**alemtuzumab 12 mg/1.2 mL injection, 1.2 mL vial**

| 10246G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 3             | ..          | ..         | *32520.67 | Lemtrada [GZ]               |

▪ **ALEMTUZUMAB**

**Note** Neurologists prescribing PBS-subsidised alemtuzumab must be registered with the Lemtrada monitoring program.

**Note** Special Pricing Arrangements apply.

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

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

**Authority required (STREAMLINED)**

**9636**

Multiple sclerosis

Treatment Phase: Initial treatment

**Clinical criteria:**

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

**Treatment criteria:**

- Must be treated by a neurologist.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

**alemtuzumab 12 mg/1.2 mL injection, 1.2 mL vial**

| 10243D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 5             | ..          | ..         | *54169.28 | Lemtrada [GZ]               |

▪ **ECULIZUMAB**

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

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

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

Please consult the approved PI for information about vaccination against meningococcal infection.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 1 (new patient) induction doses

**Clinical criteria:**

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10%, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded; OR

- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded, **AND**
- The treatment must not be in combination with ravulizumab.

## Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

## eculizumab 300 mg/30 mL injection, 30 mL vial

| 12896R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 8             | ..          | ..         | *45172.82 | Soliris [XI]                |

## ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- a) Active malignancy;
- b) Active HIV infection;
- c) Hematopoietic stem cell transplants;
- d) Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- e) Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- f) Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- a) Presenting clinical features, including history, acute treatment and medications;
- b) Results of testing for genetic mutations (if available);
- c) Family history of aHUS, especially in first-degree relatives;
- d) Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- e) Exclusion of alternative causes of TMA;
- f) History of renal or other organ transplant (if any);
- g) Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au). Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

## Authority required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment

## Clinical criteria:

- Patient must have active and progressing thrombotic microangiopathy (TMA) caused by aHUS, **AND**

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

**Treatment criteria:**

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

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

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

- presence of schistocytes on blood film;
- low or absent haptoglobin;
- lactate dehydrogenase (LDH) above normal range;

OR

(2) in recipients of a kidney transplant for end-stage kidney disease due to aHUS, a kidney biopsy confirming TMA; AND

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

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

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

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

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

(iv) a renal biopsy consistent with aHUS;

(b) onset of TMA-related neurological impairment;

(c) onset of TMA-related cardiac impairment;

(d) onset of TMA-related gastrointestinal impairment;

(e) onset of TMA-related pulmonary impairment.

Claims of non-renal TMA-related organ damage should be made at the point of application for initial PBS-subsidised eculizumab (where possible), and should be supported by objective clinical measures. The prescriber's cover letter should establish that the observed organ damage is directly linked to active and progressing TMA, particularly when indirect causes such as severe thrombocytopenia, hypertension and acute renal failure are present at the time of the initial organ impairment.

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

The authority application must be in writing and must include:

(1) A completed authority prescription form; and

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

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

(4) A detailed cover letter from the prescriber; and

(5) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and

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

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

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

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

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

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

**eculizumab 300 mg/30 mL injection, 30 mL vial**

| 10182X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5688.41 | Soliris [XI]                |

**■ ECULIZUMAB**

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

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

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- Active malignancy;
- Active HIV infection;
- Hematopoietic stem cell transplants;
- Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- Presenting clinical features, including history, acute treatment and medications;
- Results of testing for genetic mutations (if available);
- Family history of aHUS, especially in first-degree relatives;
- Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- Exclusion of alternative causes of TMA;
- History of renal or other organ transplant (if any);
- Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

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

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

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

## Authority required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment - Balance of Supply

## Treatment criteria:

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

## Clinical criteria:

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

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

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

## eculizumab 300 mg/30 mL injection, 30 mL vial

| 10192K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 4           | ..         | 5688.41 | Soliris [XI]                |

## ■ ECULIZUMAB

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

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Balance of Supply' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This Balance of Supply restriction will cease to operate from 5 years after the date specified in the clinical criteria.

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

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

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

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

**Note** Special Pricing Arrangements apply.

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Balance of Supply (transition from non-PBS-subsidised treatment during induction phase)

**Clinical criteria:**

- Patient must have received non-PBS-subsidised eculizumab for this condition prior to 1 March 2022, **AND**
- Patient must have received insufficient quantity to complete the induction treatment phase, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials to complete the induction treatment phase, as per the Product Information.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**eculizumab 300 mg/30 mL injection, 30 mL vial**

| 12864C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5688.41 | Soliris [XI]                |

▪ **ECULIZUMAB**

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 6 repeats, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** For patients who have received continuing treatment with PBS-subsidised eculizumab prior to 1 January 2016, this restriction is limited to 28 weeks of therapy.

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

Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- a) Active malignancy;
- b) Active HIV infection;
- c) Hematopoietic stem cell transplants;
- d) Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- e) Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- f) Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- a) Presenting clinical features, including history, acute treatment and medications;
- b) Results of testing for genetic mutations (if available);
- c) Family history of aHUS, especially in first-degree relatives;
- d) Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- e) Exclusion of alternative causes of TMA;
- f) History of renal or other organ transplant (if any);
- g) Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

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

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

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

## **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended initial treatment - Assessment phase

### **Clinical criteria:**

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

### **Treatment criteria:**

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

A treatment response is defined as:

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

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

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

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

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

A treatment failure is defined as a patient who is:

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

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

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

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Extended Initial treatment; and
- (3) A detailed cover letter from the prescriber; and
- (4) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (5) A measurement of body weight at the time of application; and



- (6) An identified genetic mutation, if applicable; and
  - (7) A family history of aHUS, if applicable; and
  - (8) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
  - (9) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
  - (10) An inclusion of the individual consequences of recurrent disease, if applicable; and
  - (11) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application; and
  - (12) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
  - (13) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.
- This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

#### eculizumab 300 mg/30 mL injection, 30 mL vial

| 10521R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 5688.41 | Soliris [XI]                |

#### ■ ECULIZUMAB

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

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

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

Please consult the approved PI for information about vaccination against meningococcal infection.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

#### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 2 (switching from PBS-subsidised ravulizumab for pregnancy)

#### **Clinical criteria:**

- Patient must be planning pregnancy; OR
- Patient must be pregnant, **AND**
- Patient must have received PBS-subsidised treatment with ravulizumab for this condition, **AND**
- The treatment must not be in combination with ravulizumab.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patient may qualify under this treatment phase more than once. In the event of miscarriage, patient may continue on eculizumab if patient is stable, and/or is planning a subsequent pregnancy. For continuing PBS-subsidised treatment, a 'Switching' patient must proceed under the 'Subsequent Continuing Treatment' criteria.

#### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather 1 (transition from non-PBS-subsidised treatment) - maintenance phase

#### **Clinical criteria:**

- Patient must have received non-PBS-subsidised eculizumab for this condition prior to 1 March 2022, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**

- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**
- The treatment must not be in combination with ravulizumab.

## **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This grandfather restriction will cease to operate from 5 years after the date specified in the clinical criteria.

## **Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather 2 (transition from LSDP-funded eculizumab)

## **Clinical criteria:**

- Patient must have previously received eculizumab for the treatment of this condition funded under the Australian Government's Life Saving Drugs Program (LSDP), **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR

- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: First Continuing Treatment

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition under an 'Initial', 'Balance of Supply', or 'Grandfather' treatment criteria, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Subsequent Continuing Treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the 'First Continuing Treatment' or 'Switch' criteria, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

# eculizumab 300 mg/30 mL injection, 30 mL vial

| 12899X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 6             | 5           | ..         | *33891.58 | Soliris [XI]                |

## ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- Active malignancy;
- Active HIV infection;
- Hematopoietic stem cell transplants;
- Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- Presenting clinical features, including history, acute treatment and medications;
- Results of testing for genetic mutations (if available);
- Family history of aHUS, especially in first-degree relatives;
- Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- Exclusion of alternative causes of TMA;
- History of renal or other organ transplant (if any);
- Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

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

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

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

### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing treatment

### **Clinical criteria:**

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

### **Treatment criteria:**

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

A treatment response is defined as:

- Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**
- One of the following:
  - An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
  - an eGFR within +/- 25% from baseline; or
  - an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

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

A treatment failure is defined as a patient who is:

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

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

The authority application must be in writing and must include:

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

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

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended Continuing treatment

#### **Clinical criteria:**

- Patient must have received treatment under the Continuing treatment with PBS-subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response with PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have ever experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must have a TMA-related cardiomyopathy as evidenced by left ventricular ejection fraction < 40% on current objective measurement; OR
- Patient must have severe TMA-related neurological impairment; OR
- Patient must have severe TMA-related gastrointestinal impairment; OR
- Patient must have severe TMA-related pulmonary impairment on current objective measurement; OR
- Patient must have grade 4 or 5 chronic kidney disease (eGFR of less than 30 mL/min); OR
- Patient must have a high risk of aHUS recurrence in the short term in the absence of continued treatment with eculizumab, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Treatment criteria:**

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

A treatment response is defined as:

- (1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; AND
- (2) One of the following:
  - a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
  - b) an eGFR within +/- 25% from baseline; or
  - c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

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

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

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

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and
- (3) A detailed cover letter from the prescriber; and
- (4) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and

- (5) A measurement of body weight at the time of application; and
- (6) An identified genetic mutation, if applicable; and
- (7) A family history of aHUS, if applicable; and
- (8) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (9) A history of kidney transplant, if applicable (especially if required due to aHUS); and
- (10) An inclusion of the individual consequences of recurrent disease; and
- (11) A supporting statement with clinical evidence of severe TMA-related cardiomyopathy (including current LVEF result), neurological impairment, gastrointestinal impairment or pulmonary impairment; and
- (12) Evidence that the patient has had a treatment response including haematological results of no more than 1 month old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 month old at the time of application; and
- (13) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (14) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

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

**Note** All applications should be accompanied by a detailed letter that outlines the objective evidence of high risk of critical organ damage if aHUS recurs. The following evidence may be submitted to establish the patient's level of risk of aHUS recurrence in the short term in the absence of continued treatment with eculizumab:

- a) Evidence of a mutation known to confer a high risk of aHUS recurrence;
- b) Past history of recurrent episodes of active and progressive TMA due to aHUS, prior to the episode that led to current use of eculizumab;
- c) Past family history of aHUS recurrence, especially in first-degree relatives;
- d) Past history of recurrent aHUS following renal transplant for end-stage renal failure due to aHUS.

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Recommencement of treatment

#### **Clinical criteria:**

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

#### **Treatment criteria:**

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

A treatment response is defined as:

- (1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**
- (2) One of the following:
  - a) An increase in eGFR of  $> 25\%$  from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
  - b) an eGFR within  $\pm 25\%$  from baseline; or
  - c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

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

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

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

The authority application must be in writing and must include:

- (1) A completed authority prescription form(s); and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Recommencement of treatment; and
- (3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) A detailed cover letter from the prescriber; and
- (5) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (6) A measurement of body weight at the time of application, and
- (7) An identified genetic mutation, if applicable; and

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

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

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

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

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing recommencement of treatment

#### **Clinical criteria:**

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

#### **Treatment criteria:**

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

A treatment response is defined as:

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

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

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

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

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

The authority application must be in writing and must include:

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

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

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

### eculizumab 300 mg/30 mL injection, 30 mL vial

| 10194M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 5688.41 | Soliris [XI]                |

### ■ EVEROLIMUS

**Caution** Careful monitoring of patients is mandatory.

#### Authority required (STREAMLINED)

#### 9691

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

#### Clinical criteria:

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

#### Authority required (STREAMLINED)

#### 9693

Management of cardiac allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

#### Clinical criteria:

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

### everolimus 250 microgram tablet, 60

| 6459Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 5           | ..         | *406.64 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

### everolimus 500 microgram tablet, 60

| 6460B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 5           | ..         | *805.50 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

### everolimus 750 microgram tablet, 60

| 6461C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|       | 4             | 5           | ..         | *2348.90 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

### everolimus 1 mg tablet, 60

| 9582H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|       | 4             | 5           | ..         | *3115.94 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

### ■ MYCOPHENOLATE

**Caution** Careful monitoring of patients is mandatory.

#### Authority required (STREAMLINED)

#### 9691

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

#### Clinical criteria:

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

#### Authority required (STREAMLINED)

#### 9693

Management of cardiac allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

#### Clinical criteria:

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

### mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

| 6364Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *#519.57 | CellCept [RO]               |

### mycophenolate mofetil 500 mg tablet, 50

| 6209T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                     | Brand Name and Manufacturer                                                                                     |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|       | 6             | 5           | ..         | *282.10 | <sup>a</sup> CellCept [RO]<br><sup>a</sup> MycoCept [RF]<br><sup>a</sup> Mycophenolate GH [GQ]<br><sup>a</sup> Pharmacor Mycophenolate 500 [CR] | <sup>a</sup> Ceptolate [AF]<br><sup>a</sup> Mycophenolate APOTEX [GX]<br><sup>a</sup> Mycophenolate Sandoz [SZ] |



## ■ MYCOPHENOLATE

**Caution** Careful monitoring of patients is mandatory.

**Note** Management includes initiation, stabilisation and review of therapy as required.

### Authority required (STREAMLINED)

**9692**

Prophylaxis of renal allograft rejection

Treatment Phase: Management

#### **Clinical criteria:**

- The treatment must be under the supervision and direction of a transplant unit.

### Authority required (STREAMLINED)

**9809**

WHO Class III, IV or V lupus nephritis

Treatment Phase: Management

#### **Clinical criteria:**

- The condition must be proven by biopsy.

#### **Treatment criteria:**

- Must be treated by a nephrologist or in consultation with a nephrologist.
- The name of the consulting nephrologist must be included in the patient medical records.

### mycophenolate 180 mg enteric tablet, 120

| 6369F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *186.22 | Myfortic [NV]               |

### mycophenolate 360 mg enteric tablet, 120

| 6370G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *364.62 | Myfortic [NV]               |

## ■ MYCOPHENOLATE

**Caution** Careful monitoring of patients is mandatory.

**Note** Pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution.

### Authority required (STREAMLINED)

**9689**

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

#### **Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

### Authority required (STREAMLINED)

**9690**

Management of cardiac allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy )

#### **Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

### mycophenolate mofetil 250 mg capsule, 100

| 6208R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                   | Brand Name and Manufacturer                                                 |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|       | 6             | 5           | ..         | *282.22 | <sup>a</sup> APO-Mycophenolate [TX]<br><sup>a</sup> Mycophenolate Sandoz [SZ] | <sup>a</sup> CellCept [RO]<br><sup>a</sup> Pharmacor Mycophenolate 250 [CR] |

### mycophenolate mofetil 250 mg capsule, 50

| 1837Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 12            | 5           | ..         | *282.22 | <sup>a</sup> Ceptolate [AF] |

## ■ NATALIZUMAB

**Caution** Progressive multifocal leukoencephalopathy has been reported with this drug.

### Authority required (STREAMLINED)

**9744**

Clinically definite relapsing-remitting multiple sclerosis

#### **Treatment criteria:**

- Must be treated by a neurologist.

#### **Clinical criteria:**

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support), **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- The condition must be confirmed by magnetic resonance imaging of the brain and/or spinal cord; OR

- Patient must be deemed unsuitable for magnetic resonance imaging due to the risk of physical (not psychological) injury to the patient.

The date of the magnetic resonance imaging scan must be included in the patient's medical notes, unless written certification is provided, in the patient's medical notes, by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient.

Treatment with this drug must cease if there is continuing progression of disability whilst the patient is being treated with this drug.

For continued treatment the patient must demonstrate compliance with, and an ability to tolerate, this drug.

Neurologists prescribing natalizumab under the PBS listing must be registered with the Tysabri Australian Prescribing Program.

## **natalizumab 300 mg/15 mL injection, 15 mL vial**

| 9624M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 1316.12 | Tysabri [BD]                |

## ■ OCRELIZUMAB

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

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

**Note** Special Pricing Arrangements apply.

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

#### **9523**

Multiple sclerosis

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

#### **Treatment criteria:**

- Must be treated by a neurologist.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

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

#### **9635**

Multiple sclerosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

#### **Treatment criteria:**

- Must be treated by a neurologist.

## **ocrelizumab 300 mg/10 mL injection, 10 mL vial**

| 11237K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 2             | ..          | ..         | *17580.78 | Ocrevus [RO]                |

## ■ RAVULIZUMAB

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

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

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

Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Special Pricing Arrangements apply.

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 1 (new patient) induction dose

### Clinical criteria:

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10%, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded, **AND**
- The treatment must not be in combination with eculizumab.

### Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

### Population criteria:

- Patient must be aged 18 years or over.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- Haemoglobin (g/L)
- Platelets (x10<sup>9</sup>/L)
- White Cell Count (x10<sup>9</sup>/L)
- Reticulocytes (x10<sup>9</sup>/L)
- Neutrophils (x10<sup>9</sup>/L)
- Granulocyte clone size (%)
- Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- Multiple of LDH , ULN

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 2 (switch from LSDP eculizumab) induction dose

### Clinical criteria:

- Patient must have previously received eculizumab for the treatment of this condition funded under the Australian Government's Life Saving Drugs Program (LSDP), **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to LSDP-funded treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to LSDP-funded treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to LSDP-funded treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to LSDP-funded treatment with eculizumab; OR

- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Return from PBS-subsidised eculizumab - induction dose

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received prior PBS-subsidised treatment with eculizumab through the 'Initial treatment - Initial 2 (switching from PBS-subsidised ravulizumab for pregnancy)' criteria, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

Patient may qualify under this treatment phase more than once for the purposes of family planning. Where long-term continuing PBS-subsidised treatment with this drug is planned, a 'Returning' patient may proceed under the 'Subsequent Continuing Treatment' criteria.

**ravulizumab 1.1 g/11 mL injection, 11 mL vial**

| 12901B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 25265.54 | Ultomiris [XI]              |

**ravulizumab 300 mg/3 mL injection, 3 mL vial**

| 12841W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 6925.35 | Ultomiris [XI]              |

**■ RAVULIZUMAB**

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

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** WARNING: Ravulizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather (transition from non-PBS-subsidised treatment)

#### **Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2022, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with ravulizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with ravulizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with ravulizumab, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, the details of which must be kept with the patient's record, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with ravulizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with ravulizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with ravulizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with ravulizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab, **AND**
- The treatment must not be in combination with eculizumab.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

#### **Population criteria:**

- Patient must be aged 18 years or over.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This grandfather restriction will cease to operate from 5 years after the date specified in the clinical criteria.

#### **Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: First Continuing Treatment

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition under an 'Initial' or 'Grandfather' treatment criteria, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.
- The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Subsequent Continuing Treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the 'First Continuing Treatment' or 'Return' criteria, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.
- The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

**ravulizumab 1.1 g/11 mL injection, 11 mL vial**

| 12897T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 25265.54 | Ultomiris [XI]              |

**ravulizumab 300 mg/3 mL injection, 3 mL vial**

| 12895Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6925.35 | Ultomiris [XI]              |

▪ **SIROLIMUS**

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**9914**

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**

- The treatment must be under the supervision and direction of a transplant unit.

**sirolimus 1 mg/mL oral liquid, 60 mL**

| 6437T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *968.76 | Rapamune [PF]               |

**sirolimus 500 microgram tablet, 100**

| 9748C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *618.82 | Rapamune [PF]               |

**sirolimus 1 mg tablet, 100**

| 6436R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1222.82 | Rapamune [PF]               |

**sirolimus 2 mg tablet, 100**

| 6457W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2397.90 | Rapamune [PF]               |

**VEDOLIZUMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at

weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

**Note** Special Pricing Arrangements apply.

## **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Clinical criteria:**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR



- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

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## **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

## **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of assessment of the patient's condition if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

**AND**

- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iii) the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

## **Authority required**

Severe Crohn disease

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab subcutaneous form continuing restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

- (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or
- (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
- (iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide sufficient for a single infusion of 300 mg vedolizumab per dose. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs

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#### Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### vedolizumab 300 mg injection, 1 vial

| 10415E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 2997.71 | Entyvio [TK]                |

#### VEDOLIZUMAB

##### Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised

therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or  
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years). Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR

- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### Population criteria:

- Patient must be aged 18 years or older.

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

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

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

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

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

Or mailed to:

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#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

- (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:
- (i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide for a single infusion of 300 mg per dose.

Up to a maximum of 2 repeats will be authorised.

Authority approval for sufficient therapy to complete a maximum of 3 initial doses of treatment may be requested by telephone by contacting the Department of Human Services.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.



All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide for a single infusion of 300 mg per dose.

Up to a maximum of 2 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

#### Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### vedolizumab 300 mg injection, 1 vial

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 1             | ..          | ..         | 2997.71 | Entyvio [TK]                |

#### Tumor necrosis factor alpha (TNF-alpha) inhibitors

#### ADALIMUMAB

##### Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy

(Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

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

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

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

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

**12116**

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe**

| 12349Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *859.06 | Amgevita [TX]               |

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices**

| 12368Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | 5           | ..         | 859.06  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes**

| 12384T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | 5           | ..         | 859.06  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**ADALIMUMAB**

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

**Population criteria:**

- Patient must be under 18 years of age.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

| 12715F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

#### adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

| 12732D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

### ■ ADALIMUMAB

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**

- Patient must be under 18 years of age.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

| 12749B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

#### adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

| 12731C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Amgevita [TX]  | <sup>a</sup> Hadlima [RF]   |
|        |               |             |            |         | <sup>a</sup> Hyrimoz [SZ]   | <sup>a</sup> Idacio [PK]    |

### ■ ADALIMUMAB

**Note** Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

**Note** Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**

- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**



- Patient must be under 18 years of age.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

| 12686Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

#### adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

| 12674C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *859.06 | <sup>a</sup> Amgevita [TX]  |

### ■ ADALIMUMAB

#### **Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
- (ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2

treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

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

#### **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Continuing treatment - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

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

**Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Subsequent continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices**

| 9680L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|-------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|       | 1             | ..          | ..         | 859.06  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices**

| 12335F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

**■ ADALIMUMAB**

**Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.



A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

## Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

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

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**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

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

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Continuing treatment - balance of supply

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

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

## **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

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

#### adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

| 12396K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

#### adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

| 9679K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|-------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|       | 1             | ..          | ..         | 859.06  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

### ■ ADALIMUMAB

#### **Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
- fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months)

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up

to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

**Note** Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.



If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

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

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

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

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

| 12443X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 859.06  | <sup>a</sup> Humira [VE]    |

#### adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

| 12439Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *859.06 | <sup>a</sup> Amgevita [TX]  |

#### ■ ETANERCEPT

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

## Population criteria:

- Patient must be under 18 years of age.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

## Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

## AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

## Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

| 12734F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 496.20  | Enbrel [PF]                 |

#### ■ ETANERCEPT

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL cartridges are equivalent for the purposes of substitution.

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**

- Patient must be under 18 years of age.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

## **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

## **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.



At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### etanercept 50 mg/mL injection, 4 x 1 mL cartridges

| 12906G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

#### etanercept 50 mg/mL injection, 4 x 1 mL pen devices

| 12736H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

#### etanercept 50 mg/mL injection, 4 x 1 mL syringes

| 12757K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

### ■ ETANERCEPT

#### **Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or  
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at

least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; OR

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

| 6367D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 496.20  | Enbrel [PF]                 |

## **■ ETANERCEPT**

### **Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately

prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL cartridges are equivalent for the purposes of substitution.

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

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

## **Authority required**

Severe active juvenile idiopathic arthritis



Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

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

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **etanercept 50 mg/mL injection, 4 x 1 mL cartridges**

| 12862Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

#### **etanercept 50 mg/mL injection, 4 x 1 mL pen devices**

| 9641K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

#### **etanercept 50 mg/mL injection, 4 x 1 mL syringes**

| 9615C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 984.60  | <sup>a</sup> Enbrel [PF]    |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab). Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6.

A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and  
(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:  
(i) the completed Crohn Disease Activity Index (CDAI) Score; or  
(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and  
(iii) the date of the most recent clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application. Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

### infliximab 100 mg injection, 1 vial

| 11399Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to

respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

**infliximab 100 mg injection, 1 vial**

| 11412P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

**(1) Initial treatment.**

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
- Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**(2) Continuing treatment.**

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

**(3) Swapping therapy.**

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**(4) Baseline measurements to determine response.**



A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrieval of conventional therapies is not required.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form, which includes the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

### **infliximab 100 mg injection, 1 vial**

| 11445J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## **■ INFLIXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate

a response to at least 1 course of treatment with a PBS-subsidised TNF- $\alpha$  antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months). Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have

demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

## (2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

## Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

## Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

## (3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**infliximab 100 mg injection, 1 vial**

| 11487N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Remicade [JC]  |
|        |               |             |            |         | <sup>a</sup> Renflexis [OQ] |                             |

**■ INFLIXIMAB**

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

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

**Authority required (STREAMLINED)**

**9632**

Acute severe ulcerative colitis

**Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology, or general medicine specialising in gastroenterology].

**Clinical criteria:**

- Patient must have received an infusion of infliximab for the treatment of this condition as a hospital inpatient no more than two weeks prior to the date of the authority application, **AND**
- Patient must be an adult aged 18 years or older, and prior to initiation of infliximab treatment in hospital must have been experiencing six or more bloody stools per day, plus at least one of the following: (i) Temperature greater than 37.8 degrees Celsius; (ii) Pulse rate greater than 90 beats per minute; (iii) Haemoglobin less than 105 g/L; (iv) Erythrocyte sedimentation rate greater than 30 mm/h; OR
- Patient must be a child aged 6 to 17 years inclusive, and prior to initiation of infliximab treatment in hospital must have had a Paediatric Ulcerative Colitis Activity Index (PUCAI) greater than or equal to 65, with the diagnosis confirmed by a gastroenterologist, or a consultant physician as specified below, **AND**
- Patient must have failed to achieve an adequate response to at least 72 hours treatment with intravenous corticosteroids prior to initiation of infliximab treatment in hospital.

**Population criteria:**

- Patient must be 6 years of age or older.

For adults aged 18 years or older, failure to achieve an adequate response to intravenous corticosteroid treatment is defined by the Oxford criteria where:

(i) If assessed on day 3, patients pass 8 or more stools per day or 3 or more stools per day with a C-reactive protein (CRP) greater than 45 mg/L

(ii) If assessed on day 7, patients pass 3 or more stools per day with visible blood.

For children aged 6 to 17 years, failure to achieve an adequate response to intravenous corticosteroids means a PUCAL score greater than 45 at 72 hours.

At the time of authority application, prescribers should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg.

Before administering infliximab to a child aged 6 to 17 years, the treating clinician must have consulted with a paediatric gastroenterologist or with an institution experienced in performance of paediatric colectomy. The name of the specialist or institution must be included in the patient's medical records.

Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.

### infliximab 100 mg injection, 1 vial

| 10057H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 1           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Remicade [JC]  |
|        |               |             |            |          | <sup>a</sup> Renflexis [OQ] |                             |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6.

A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Re commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A trial of systemic therapy is not required.

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

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

**12051**

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR

- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### infliximab 100 mg injection, 1 vial

| 11396T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

### ■ INFLIXIMAB

#### Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
  - a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
  - a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or
  - a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
- Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4

weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction. A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

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

#### Authority required (STREAMLINED)

9775

Moderate to severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be aged 6 to 17 years inclusive.

The PCDAI assessment must be no more than 1 month old at the time of prescribing.

The PCDAI score must be documented in the patient's medical notes as the measurement of response to the prior course of therapy.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

#### infliximab 100 mg injection, 1 vial

| 11450P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

### ■ INFLIXIMAB

#### Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.



A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and

indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

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

## **Authority required (STREAMLINED)**

**9621**

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## **infliximab 100 mg injection, 1 vial**

| 11488P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 3           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment. A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

#### (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

#### (5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction

and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

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

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the first continuing treatment restriction, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **infliximab 100 mg injection, 1 vial**

| 11498E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

#### **INFLIXIMAB**

##### **Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab,

golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
- (iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

### (4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

## Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent.

Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

### (1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years ) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years ); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

### (4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

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

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 while receiving treatment with this drug, if aged 6 to 17 years.

#### **Population criteria:**

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are only eligible to receive continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

#### **infliximab 100 mg injection, 1 vial**

| 11797X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor

(tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF- $\alpha$  antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
  - (iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
- Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:



A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

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

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

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

**12067**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

**infliximab 100 mg injection, 1 vial**

| 11483J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 3             | 2           | ..         | *1008.40 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

**■ INFLIXIMAB**
**Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24

weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

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

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

#### Authority required (STREAMLINED)

9732

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Patients are eligible to receive subsequent continuing treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

#### infliximab 100 mg injection, 1 vial

| 11432Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

#### ■ INFLIXIMAB

##### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine.

Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug

within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

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

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

#### Authority required (STREAMLINED)

**9472**

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### infliximab 100 mg injection, 1 vial

| 11515C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**infliximab 100 mg injection, 1 vial**

| 11489Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

**(1) Initial treatment.**

An application for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
- a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Assessment of response to initial treatment.**



When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

### (3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

### (4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

### (5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

### (6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

## Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

## Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

## Population criteria:

- Patient must be aged 18 years or older.

## Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**infliximab 100 mg injection, 1 vial**

| 11590B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

**(1) Initial treatment.**

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Assessment of response to initial treatment.**

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

**(3) Continuing treatment.**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious

adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions. For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or commencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

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

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

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

**9602**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.
- An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

**9584**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**infliximab 100 mg injection, 1 vial**

| 11595G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

**(1) Initial treatment.**

Applications for initial treatment should be made where:

- (i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
- (iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy

for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

#### Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years ) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years ); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

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

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

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

**12074**

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 while receiving treatment with this drug, if aged 6 to 17 years.

#### **Population criteria:**

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are only eligible to receive continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

### infliximab 100 mg injection, 1 vial

| 11796W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1651.33 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or



(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alpha antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

#### **AND**

- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate.

The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

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

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

### infliximab 100 mg injection, 1 vial

| 12751D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note** TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
- an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

#### **Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
  - (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years ) [further details are under 'Swapping treatment' below]; or
  - (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years ); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
- Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

## **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

## **Clinical criteria:**

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

## **Population criteria:**

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

- (1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes the following:

- (i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and
- (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, or to be administered at 8-weekly intervals for patients who have received prior treatment for an acute severe episode, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

An adult patient who has previously received induction therapy with PBS-subsidised treatment with this drug for an acute severe episode of ulcerative colitis in the last 4 months, and demonstrated an adequate response to induction therapy by achieving and maintaining a partial Mayo clinic scoreless than or equal to 2, with no subscore greater than 1, will not be required to demonstrate failure to prior treatment with a 5-aminosalicylate oral preparation and one of azathioprine, 6-mercaptopurine or oral steroids.

A patient, aged 6 to 17 years, who has previously received induction therapy with PBS-subsidised treatment with this drug for an acute severe episode of ulcerative colitis in the last 4 months, and demonstrated an adequate response to induction therapy by achieving and maintaining a PUCAI score of less than 10 will not be required to demonstrate failure to prior treatment with a 5-aminosalicylate oral preparation and one of azathioprine, 6-mercaptopurine or oral steroids.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

## Population criteria:

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years; OR
- Patient must have previously received induction therapy with this drug for an acute severe episode of ulcerative colitis in the last 4 months and demonstrated an adequate response to induction therapy by achieving and maintaining a partial

Mayo clinic score less than or equal to 2, with no subscore greater than 1, or a PUCAI score less than 10 (if aged 6 to 17 years).

#### Population criteria:

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, or to be administered at 8-weekly intervals for patients who have received prior treatment for an acute severe episode, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

Where treatment for an acute severe episode has occurred, an adequate response to induction therapy needs to be demonstrated by achieving and maintaining a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1, or a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 (if aged 6 to 17 years), within the first 12 weeks of receiving this drug for acute severe ulcerative colitis.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Details of the accepted toxicities including severity can be found on the Services Australia website.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### infliximab 100 mg injection, 1 vial

| 10184B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only. A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
  - a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
  - a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or
  - a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
- Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease



may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

### **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30 preferably whilst still on treatment, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application -Supporting Information Form which includes the following:

- (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition which must be no more than one month old at the time of application; and
- (ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy] or dates of enteral nutrition.

The PCDAI score should preferably be obtained whilst on conventional treatment but must be obtained within one month of the last conventional treatment dose.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

**Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application -Supporting Information Form which includes the following:

- (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) Score calculation sheet; and
- (ii) details of prior biological medicine treatment including details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

**Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition which must be no more than one month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

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

**Authority required**

Moderate to severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR

- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Moderate to severe Crohn disease

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form, which includes the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

The application for first continuing treatment with this drug must include a PCDAI assessment of the patient's response to the initial course of treatment. The assessment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**infliximab 100 mg injection, 1 vial**

| 9612X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4

weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

### Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### Population criteria:

- Patient must be aged 18 years or older.

### Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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

Details of the accepted toxicities including severity can be found on the Services Australia website.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of assessment of the patient's condition if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**



- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

#### AND

- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iii) the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

- (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or
- (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
- (iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe Crohn disease

Treatment Phase: Balance of supply

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

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

#### infliximab 100 mg injection, 1 vial

| 9613Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

### ■ INFLIXIMAB

#### **Note** TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
  - a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
  - a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
- Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the

most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

### Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)

### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** It is recommended that an application for the first continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the first continuing treatment criteria for PBS-subsidised treatment with this drug.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Change or Recommencement of treatment after a break in therapy of less than 5 years (Initial 2)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
  - (ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy within the timeframes specified in the relevant restriction.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Note** It is recommended that an application for the first continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the first continuing treatment criteria for PBS-subsidised treatment with this drug.

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

The application for first continuing treatment with this drug must include an assessment of the patient's response to the initial course of treatment. The assessment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks of treatment with this drug will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses (Initial 1 or Initial 2 treatment) or 2 repeats (first Continuing or Subsequent Continuing treatment).

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### infliximab 100 mg injection, 1 vial

| 9674E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

#### INFLIXIMAB

##### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where

it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## **Population criteria:**

- Patient must be aged 18 years or older.



If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialed, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR

- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

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

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

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

Or mailed to:

Services Australia  
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#### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 22 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

#### Population criteria:

- Patient must be aged 18 years or older.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

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

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Population criteria:**

- Patient must be aged 18 years or older.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**infliximab 100 mg injection, 1 vial**

| 6397Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the

most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

## (2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

## (3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

## (4) Commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

## **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Clinical criteria:**

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender,

## **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; **AND**

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

- (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
- (ii) a completed BASDAI Assessment Form; and
- (iii) a completed Exercise Program Self Certification Form included in the supporting information form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

**Note** For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a

minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender,

## **AND**

- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
  - (ii) a completed BASDAI Assessment Form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.



Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

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#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 18 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 weeks treatment available under the above restrictions.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: First continuing treatment

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

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

- a completed authority prescription form; and
- a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- an ESR measurement no greater than 25 mm per hour; or
- a CRP measurement no greater than 10 mg per L; or
- an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

## Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## infliximab 100 mg injection, 1 vial

| 6448J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they

are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

#### (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess

response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website ([www.humanservices.gov.au](http://www.humanservices.gov.au))

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

**Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

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

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date

of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **infliximab 100 mg injection, 1 vial**

| 6496X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## **■ INFLIXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the



new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 - Whole body (new patient)

## **Clinical criteria:**

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application. Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and
  - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)).

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

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

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and
  - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **Note Biosimilar prescribing policy**

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**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

## **Clinical criteria:**

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of

at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application. Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)).

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

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

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

Or mailed to:

Services Australia

Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

- (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and
- (ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

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**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:  
(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

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

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

#### **Note Biosimilar prescribing policy**

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**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years ) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

**Treatment criteria:**

- Must be treated by a dermatologist.

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

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

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

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia



Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

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

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**

- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

**Treatment criteria:**

- Must be treated by a dermatologist.

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

## infliximab 100 mg injection, 1 vial

| 9617E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 341.32  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## Interleukin inhibitors

### ■ ANAKINRA

**Note** This drug is not PBS-subsidised for conditions other than CAPS.

#### Authority required (STREAMLINED)

**5450**

Moderate to severe cryopyrin associated periodic syndromes (CAPS)

**Treatment criteria:**

- Must be treated by a rheumatologist or in consultation with a rheumatologist; OR
- Must be treated by a clinical immunologist or in consultation with a clinical immunologist.

A diagnosis of CAPS must be documented in the patient's medical records.

## anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes

| 10263E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1458.53 | Kineret [ZO]                |

### ■ SILTUXIMAB

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

**Note** Special Pricing Arrangements apply.

#### Authority required

Idiopathic multicentric Castleman disease (iMCD)

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a diagnosis of iMCD consistent with the latest international, evidence-based consensus diagnostic criteria for this condition with the relevant diagnostic findings documented in the patient's medical records, **AND**
- The condition must not be, to the prescriber's best knowledge, any of the following diseases that can mimic iMCD: (i) human herpes virus-8 infection, (ii) an Epstein-Barr virus-lymphoproliferative disorder, (iii) an acute/uncontrolled infection (e.g. cytomegalovirus, toxoplasmosis, human immunodeficiency virus, tuberculosis) leading to inflammation with adenopathy, (iv) an autoimmune/autoinflammatory disease, (v) a malignant/lymphoproliferative disorder.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist, **AND**
- Patient must be undergoing treatment through this treatment phase once only in a lifetime, where the full number of repeats are prescribed; OR
- Patient must be undergoing treatment through this treatment phase for up to the first 5 doses in a lifetime, where the full number of repeats was not prescribed with the first prescription.

Prescribe the most efficient combination of vials/strengths based on the patient's body weight to keep any amount of unused drug to a minimum.

**Note** The international, evidence-based consensus iMCD diagnostic criteria developed by an international working group of clinical experts lists various findings under 'Major' and 'Minor' diagnostic criteria that constitute a diagnosis of iMCD. At the time of writing, under these consensus criteria, diagnostic findings that meet: (i) both Major criteria and (ii) at least 2 of 11 Minor criteria including at least 1 laboratory abnormality and (iii) exclude various differential diagnoses, form a diagnosis of iMCD.

Details of these criteria are presented in Table 2 of the following literature article:

Fajgenbaum DC, Uldrick TS, Bagg A, Frank D et. al. International, evidence-based consensus diagnostic criteria for HHV-8-negative/idiopathic multicentric Castleman disease. **Blood** 2017; 129(12): 1646-1657.

Where updates to these diagnostic criteria have occurred since the publication, refer to the latest version.

Do not contact the PBS-administrator to discuss whether an individual patient meets these consensus criteria.

#### Authority required

Idiopathic multicentric Castleman disease (iMCD)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

**Treatment criteria:**

- Must be treated by a haematologist; OR
  - Must be treated by a medical physician working under the supervision of a haematologist.
- Prescribe the most efficient combination of vials/strengths based on the patient's body weight to keep any amount of unused drug to a minimum.

**siltuximab 100 mg injection, 1 vial**

| 12930M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 4           | ..         | *1606.34 | Sylvant [EY]                |

**siltuximab 400 mg injection, 1 vial**

| 12934R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 4           | ..         | *6281.98 | Sylvant [EY]                |

▪ **TOCILIZUMAB**

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

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

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.  
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

**Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).  
At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 12766X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 219.66  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12805Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 429.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 12787B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 93.97   | Actemra [RO]                |

### ■ TOCILIZUMAB

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

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

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be under 18 years of age.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

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

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment.

Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 12795K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 219.66  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12810F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 429.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 12811G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 93.97   | Actemra [RO]                |

### ■ TOCILIZUMAB

#### **Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
- (ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - re-trial or recommencement of treatment after a break of less than 12 months); or
- (iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12

months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months).

(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 400 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 400 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

#### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be under 18 years of age.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
  - Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.
- The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:
- (a) an active joint count of at least 20 active (swollen and tender) joints; or
  - (b) at least 4 active joints from the following list of major joints:
    - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 2 active joints; and
- (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or
- (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

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

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
  - (ii) details of prior treatment including dose and duration of treatment;
  - (iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months)

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).



(b) in a patient with refractory systemic symptoms:

- (i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or
- (ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or
- (iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised. The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to re-trial or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Population criteria:**

- Patient must be under 18 years of age.

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

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
  - (ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

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

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

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

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised. The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

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

#### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

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

#### tocilizumab 400 mg/20 mL injection, 4 x 20 mL vials

| 12705Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 0.25          | ..          | ..         | *2308.06 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12728X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 2306.86 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 1464C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 429.39  | <sup>a</sup> Actemra [RO]   |

### ■ TOCILIZUMAB

#### Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
- (ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson

Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

## (1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

## (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

## (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

## (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

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

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

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

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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

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

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

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

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

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

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

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

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**tocilizumab 200 mg/10 mL injection, 10 mL vial**

| 10079L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 219.66  | Actemra [RO]                |



**tocilizumab 400 mg/20 mL injection, 20 mL vial**

| 10060L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 429.39  | Actemra [RO]                |

**tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 10068X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 93.97   | Actemra [RO]                |

**■ TOCILIZUMAB**
**Note** TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
- (ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

**(1) Initial treatment.**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

**(2) Continuing treatment.**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to

receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

## (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

## (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

## (5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** The Department of Human Services website ([www.humanservices.gov.au](http://www.humanservices.gov.au)) has details of the toxicities, including severity, which will be accepted for the following purposes:

- (a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
- (b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
- (c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

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Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
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#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing Treatment - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **tocilizumab 200 mg/10 mL injection, 10 mL vial**

| 10071C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 219.66  | Actemra [RO]                |

#### **tocilizumab 400 mg/20 mL injection, 20 mL vial**

| 10078K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 429.39  | Actemra [RO]                |

#### **tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 10073E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 93.97   | Actemra [RO]                |

## ■ TOCILIZUMAB

### **Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (SJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
- (ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months); or
- (iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months).
- (iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

#### (3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

#### (4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

#### (5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

#### (6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 80 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 80 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

### Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### Population criteria:

- Patient must be under 18 years of age.

### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 2 active joints; and
- (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or
- (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
  - (ii) details of prior treatment including dose and duration of treatment;
  - (iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001



### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retreatment or recommencement of treatment after a break of less than 12 months)

### Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### Population criteria:

- Patient must be under 18 years of age.

### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:  
- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

- (i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or
- (ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or
- (iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retreatment or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive

movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR

- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**tocilizumab 80 mg/4 mL injection, 4 x 4 mL vials**

| 12727W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.25          | ..          | ..         | *530.31 | <sup>a</sup> RoActemra [DZ] |

**tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 12693C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 529.11  | <sup>a</sup> RoActemra [DZ] |

**tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 1419Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 93.97   | <sup>a</sup> Actemra [RO]   |

**■ TOCILIZUMAB**
**Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and

(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months); or

(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months).

(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 200 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 200 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

#### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be under 18 years of age.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) details of prior treatment including dose and duration of treatment;

(iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retiral or recommencement of treatment after a break of less than 12 months)

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be under 18 years of age.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retiral or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.



**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**tocilizumab 200 mg/10 mL injection, 4 x 10 mL vials**

| 12747X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 0.25          | ..          | ..         | *1210.59 | <sup>a</sup> RoActemra [DZ] |

**tocilizumab 200 mg/10 mL injection, 10 mL vial**

| 12726T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1209.39 | <sup>a</sup> RoActemra [DZ] |

**tocilizumab 200 mg/10 mL injection, 10 mL vial**

| 1423X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 219.66  | <sup>a</sup> Actemra [RO]   |

**■ TOCILIZUMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a

severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
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## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 5 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **tocilizumab 200 mg/10 mL injection, 10 mL vial**

| 9672C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 219.66  | Actemra [RO]                |

#### **tocilizumab 400 mg/20 mL injection, 20 mL vial**

| 9673D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 429.39  | Actemra [RO]                |

#### **tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 9671B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 93.97   | Actemra [RO]                |

### **■ USTEKINUMAB**

#### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
- From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is



submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### **Population criteria:**

- Patient must be aged 18 years or older.

### **Clinical criteria:**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) two completed authority prescription forms; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4

vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

#### Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

#### **AND**

- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) two completed authority prescription forms; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iii) the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

#### ustekinumab 130 mg/26 mL injection, 26 mL vial

| 11164N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 4             | ..          | ..         | *15284.10 | Stelara [JC]                |

#### Calcineurin inhibitors

#### ■ CICLOSPORIN

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**9831**

Management of transplant rejection

**Clinical criteria:**

- The treatment must be used by organ or tissue transplant recipients.

#### ciclosporin 50 mg/mL injection, 10 x 1 mL ampoules

| 6109M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 65.88   | Sandimmun [NV]              |

#### ■ CICLOSPORIN

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**9764**

Management of transplant rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must have had an organ or tissue transplantation, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**9695**

Severe atopic dermatitis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Treatment criteria:**

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

**Clinical criteria:**

- The condition must be ineffective to other systemic therapies; OR
- The condition must be inappropriate for other systemic therapies.

**Authority required (STREAMLINED)**

**9763**

Severe psoriasis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- The condition must be ineffective to other systemic therapies; OR
- The condition must be inappropriate for other systemic therapies, **AND**

- The condition must have caused significant interference with quality of life.

**Treatment criteria:**

- Must be treated by a dermatologist.

**Authority required (STREAMLINED)**
**9694**

Nephrotic syndrome

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must have failed prior treatment with steroids and cytostatic drugs; OR
- Patient must be intolerant to treatment with steroids and cytostatic drugs; OR
- The condition must be considered inappropriate for treatment with steroids and cytostatic drugs, **AND**
- Patient must not have renal impairment.

**Treatment criteria:**

- Must be treated by a nephrologist.

**Authority required (STREAMLINED)**
**9742**

Severe active rheumatoid arthritis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- The condition must have been ineffective to prior treatment with classical slow-acting anti-rheumatic agents (including methotrexate); OR
- The condition must be considered inappropriate for treatment with slow-acting anti-rheumatic agents (including methotrexate).

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist.

**ciclosporin 10 mg capsule, 60**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 5           | ..         | *86.18  | Neoral 10 [NV]              |

**ciclosporin 100 mg/mL oral liquid, 50 mL**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|---------------|-------------|------------|----------|-----------------------------|
| 4             | 5           | ..         | *1310.94 | Neoral [NV]                 |

**ciclosporin 100 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|-------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *576.02 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 100 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**ciclosporin 25 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *141.82 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 25 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**ciclosporin 50 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *286.66 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 50 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**■ TACROLIMUS**
**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**
**9697**

Management of rejection in patients following organ or tissue transplantation

**Clinical criteria:**

- The treatment must be under the supervision and direction of a transplant unit, **AND**
- The treatment must include initiation, stabilisation, and review of therapy as required.

**tacrolimus 750 microgram capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 5           | ..         | *397.78 | Tacrolimus Sandoz [SZ]      |

**tacrolimus 2 mg capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|---------------|-------------|------------|----------|-----------------------------|
| 2             | 5           | ..         | *1047.78 | Tacrolimus Sandoz [SZ]      |

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### tacrolimus 3 mg modified release capsule, 50

| 11920J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 3           | ..         | *692.30 | ADVAGRAF XL [LQ]            |

### tacrolimus 500 microgram capsule, 100

| 6328C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                    | Brand Name and Manufacturer                                                                                      |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
|       | 2             | 5           | ..         | *235.96 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL]<br><sup>a</sup> TACROLIMUS APOTEX [TX] | <sup>a</sup> Pharmacor Tacrolimus 0.5 [CR]<br><sup>a</sup> Tacrograf [RW]<br><sup>a</sup> Tacrolimus Sandoz [SZ] |

### tacrolimus 500 microgram modified release capsule, 30

| 9681M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *86.82  | ADVAGRAF XL [LQ]            |

### tacrolimus 1 mg capsule, 100

| 6216E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                    | Brand Name and Manufacturer                                                                                    |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|       | 2             | 5           | ..         | *464.14 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL]<br><sup>a</sup> TACROLIMUS APOTEX [TX] | <sup>a</sup> Pharmacor Tacrolimus 1 [CR]<br><sup>a</sup> Tacrograf [RW]<br><sup>a</sup> Tacrolimus Sandoz [SZ] |

### tacrolimus 1 mg modified release capsule, 60

| 9682N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *281.60 | ADVAGRAF XL [LQ]            |

### tacrolimus 5 mg capsule, 50

| 6217F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                    | Brand Name and Manufacturer                                                                                    |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|       | 2             | 5           | ..         | *1144.22 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL]<br><sup>a</sup> TACROLIMUS APOTEX [TX] | <sup>a</sup> Pharmacor Tacrolimus 5 [CR]<br><sup>a</sup> Tacrograf [RW]<br><sup>a</sup> Tacrolimus Sandoz [SZ] |

### tacrolimus 5 mg modified release capsule, 30

| 9683P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *788.24 | ADVAGRAF XL [LQ]            |

### Other immunosuppressants

#### ■ LENALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### Authority required

Multiple myeloma

Treatment Phase: Continuing treatment of triple therapy (lenalidomide, bortezomib and dexamethasone) for treatment cycles 5 and 6 (administered using 28-day treatment cycles)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug under the treatment phase covering cycles 1 to 4, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- The treatment must not exceed a total of 2 cycles under this restriction.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

### lenalidomide 10 mg capsule, 21

| 12050F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 4752.20 | Revlimid [CJ]               |

### lenalidomide 15 mg capsule, 21

| 12011E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 5534.38 | Revlimid [CJ]               |

### lenalidomide 25 mg capsule, 21

| 12037M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 5976.52 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 12038N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 4543.00 | Revlimid [CJ]               |

**■ LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (lenalidomide, bortezomib and dexamethasone) for the first 4 treatment cycles (cycles 1 to 4) administered in a 28-day treatment cycle

**Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have been treated with lenalidomide or bortezomib for this condition, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and nomination of which disease activity parameters will be used to assess response.

To enable confirmation of eligibility for treatment, current pathology results of (for items a, b, c, g), or, a statement that diagnosis was based on (for items d, e, f) at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients and kept on the patient's records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be stated/declared. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be declared to be held on the patient's medical records.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**lenalidomide 10 mg capsule, 21**

| 12060R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 4752.20 | Revlimid [CJ]               |

**lenalidomide 15 mg capsule, 21**

| 12020P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 5534.38 | Revlimid [CJ]               |

**lenalidomide 25 mg capsule, 21**

| 12068E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 5976.52 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 12071H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 4543.00 | Revlimid [CJ]               |

## ■ LENALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

### Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Triple combination therapy consisting of elotuzumab, lenalidomide and dexamethasone

### Treatment criteria:

- Patient must be undergoing concurrent treatment with elotuzumab obtained through the PBS, **AND**
- Patient must not be undergoing simultaneous treatment with this drug obtained under another PBS listing. Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

### lenalidomide 10 mg capsule, 21

| 12980E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 4752.20 | Revlimid [CJ]               |

### lenalidomide 15 mg capsule, 21

| 12986L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 5534.38 | Revlimid [CJ]               |

### lenalidomide 25 mg capsule, 21

| 12993W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 5976.52 | Revlimid [CJ]               |

### lenalidomide 5 mg capsule, 21

| 12984J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 4543.00 | Revlimid [CJ]               |

## ■ LENALIDOMIDE

**Note** Special Pricing Arrangements apply.

### Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

### Clinical criteria:

- The treatment must be limited to a maximum duration of 16 weeks, **AND**
  - Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS), **AND**
  - Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, **AND**
  - Patient must be red blood cell transfusion dependent.
- Classification of a patient as Low risk requires a score of 0 on the IPSS, achieved with the following combination: less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias.
- Classification of a patient as Intermediate-1 requires a score of 0.5 to 1 on the IPSS, achieved with the following possible combinations:
1. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias; OR
  2. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR
  3. less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR
  4. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 2/3 cytopenias; OR
  5. 5%-10% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR
  6. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR
  7. less than 5% marrow blasts with poor karyotypic status (complex, greater than 3 abnormalities), and 0/1 cytopenias.
- Classification of a patient as red blood cell transfusion dependent requires that:
- (i) the patient has been transfused within the last 8 weeks; and
  - (ii) the patient has received at least 8 units of red blood cell in the last 6 months prior to commencing PBS-subsidised therapy with lenalidomide; and would be expected to continue this requirement without lenalidomide treatment.
- Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.
- The authority application must be made in writing and must include:
- (a) a completed authority prescription form; and
  - (b) a completed Myelodysplastic Syndrome Lenalidomide Authority Application - Supporting Information Form; and
  - (c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and
  - (d) a copy of the full blood examination report; and
  - (e) a copy of the pathology report detailing the cytogenetics demonstrating Low risk or Intermediate-1 disease according to the IPSS (note: using Fluorescence in Situ Hybridization (FISH) to demonstrate MDS -5q is acceptable); and



(f) details of transfusion requirements including: (i) the date of most recent transfusion and the number of red blood cell units transfused; and (ii) the total number of red cell units transfused in the 4 and 6 months preceding the date of this application; and

(g) a signed patient acknowledgement form.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS), **AND**
- Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, **AND**
- Patient must have received PBS-subsidised initial therapy with lenalidomide for myelodysplastic syndrome, **AND**
- Patient must have achieved and maintained transfusion independence; or least a 50% reduction in red blood cell unit transfusion requirements compared with the four month period prior to commencing initial PBS-subsidised therapy with lenalidomide, **AND**
- Patient must not have progressive disease.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

The first authority application for continuing supply must be made in writing. Subsequent authority applications for continuing supply may be made by telephone.

The following evidence of response must be provided at each application:

- (i) a haemoglobin level taken within the last 4 weeks; and
- (ii) the date of the last transfusion; and
- (iii) a statement of the number of units of red cells transfused in the 4 months immediately preceding this application; and
- (iv) a statement confirming that the patient has not progressed to acute myeloid leukaemia.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **lenalidomide 10 mg capsule, 21**

| 2796E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 3           | ..         | 4752.20 | Revlimid [CJ]               |

#### **lenalidomide 5 mg capsule, 21**

| 2798G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 3           | ..         | 4543.00 | Revlimid [CJ]               |

### ▪ LLENALIDOMIDE

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Multiple myeloma

Treatment Phase: Initial treatment as monotherapy or dual combination therapy with dexamethasone for progressive disease

#### **Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or  
(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or  
(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and  
(2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response; and  
(3) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or  
(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or  
(c) the serum level of free kappa and lambda light chains; or  
(d) bone marrow aspirate or trephine; or  
(e) if present, the size and location of lytic bone lesions (not including compression fractures); or  
(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or  
(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment as monotherapy or dual combination therapy with dexamethasone following initial treatment for progressive disease

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for relapsed or refractory multiple myeloma, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with dexamethasone.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **lenalidomide 10 mg capsule, 21**

| 9643M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 4752.20 | Revlimid [CJ]               |

#### **lenalidomide 15 mg capsule, 21**

| 9644N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 5534.38 | Revlimid [CJ]               |

#### **lenalidomide 25 mg capsule, 21**

| 9645P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 5976.52 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 9642L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 4543.00 | Revlimid [CJ]               |

▪ **LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Initial treatment in combination with dexamethasone, of newly diagnosed disease in a patient ineligible for stem cell transplantation

**Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must be ineligible for a primary stem cell transplantation, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with dexamethasone.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and ineligibility for prior stem cell transplant; and nomination of which disease activity parameters will be used to assess response; and
- (3) a signed patient acknowledgement.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment until progression in patients initiated on dual combination therapy (lenalidomide and dexamethasone), or, in patients initiated on triple therapy (lenalidomide, bortezomib and dexamethasone during treatment cycles 1 up to 8) and are now being treated with treatment cycle 9 or beyond

**Clinical criteria:**

- Patient must have previously been authorised with a PBS prescription with this drug for the condition, **AND**
- Patient must not have demonstrated progressive disease, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with dexamethasone.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### lenalidomide 10 mg capsule, 21

| 11063G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 4752.20 | Revlimid [CJ]               |

#### lenalidomide 15 mg capsule, 21

| 11042E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5534.38 | Revlimid [CJ]               |

#### lenalidomide 25 mg capsule, 21

| 11055W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5976.52 | Revlimid [CJ]               |

#### lenalidomide 5 mg capsule, 21

| 11036W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 4543.00 | Revlimid [CJ]               |

### ■ LENALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

#### Authority required

Multiple myeloma

Treatment Phase: Initial treatment with lenalidomide monotherapy in newly diagnosed disease

#### **Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must have undergone an autologous stem cell transplant (ASCT) as part of frontline therapy for newly diagnosed multiple myeloma, **AND**
- Patient must not have progressive disease following autologous stem cell transplant (ASCT).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, the date the autologous stem cell transplant was performed, and nomination of which disease activity parameters will be used to assess progression.

To enable confirmation of eligibility for treatment, the results of current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine progression, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment with lenalidomide monotherapy following initial treatment with lenalidomide therapy in newly diagnosed disease

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated progressive disease, **AND**
- The treatment must be as monotherapy.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**lenalidomide 10 mg capsule, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
| 11969Y | 1             | 2           | ..         | 6320.34 | Revlimid [CJ]               |

**lenalidomide 15 mg capsule, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
| 11965R | 1             | 2           | ..         | 7363.24 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
| 11966T | 1             | 2           | ..         | 6041.40 | Revlimid [CJ]               |

▪ **LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Authority required**

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (lenalidomide, bortezomib and dexamethasone) for the first 4 treatment cycles (cycles 1 to 4) administered in a 21-day treatment cycle

**Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have been treated with lenalidomide or bortezomib for this condition, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and nomination of which disease activity parameters will be used to assess response.

To enable confirmation of eligibility for treatment, current pathology results of (for items a, b, c, g), or, a statement that diagnosis was based on (for items d, e, f) at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or  
 (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or  
 (c) the serum level of free kappa and lambda light chains; or  
 (d) bone marrow aspirate or trephine; or  
 (e) if present, the size and location of lytic bone lesions (not including compression fractures); or  
 (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or  
 (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients and kept on the patient's records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be stated/declared. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be declared to be held on the patient's medical records.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
 Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
 Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment of triple therapy (lenalidomide, bortezomib and dexamethasone) for treatment cycles 5 to 8 inclusive (administered using 21-day treatment cycles)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug under the treatment phase covering cycles 1 to 4, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **lenalidomide 10 mg capsule, 14**

| 12004T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3184.06 | Revlimid [CJ]               |

#### **lenalidomide 15 mg capsule, 14**

| 12069F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3705.51 | Revlimid [CJ]               |

#### **lenalidomide 25 mg capsule, 14**

| 12018M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 4000.27 | Revlimid [CJ]               |

#### **lenalidomide 5 mg capsule, 14**

| 12058P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3044.59 | Revlimid [CJ]               |

#### **■ POMALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (this drug, bortezomib and dexamethasone)

#### **Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after at least one prior therapy that is either: (i) lenalidomide monotherapy, (ii) contains lenalidomide, **AND**
- Patient must have undergone or be ineligible for a stem cell transplant.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment with triple therapy (this drug, bortezomib and dexamethasone)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein. Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

#### **pomalidomide 4 mg capsule, 14**

| 12661J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6697.78 | Pomalyst [CJ]               |

#### **pomalidomide 3 mg capsule, 14**

| 12668R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6697.78 | Pomalyst [CJ]               |

### **■ POMALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Multiple myeloma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The treatment must be in combination with dexamethasone, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**
- Patient must have experienced treatment failure with lenalidomide, unless contraindicated or not tolerated according to the Therapeutic Goods Administration (TGA) approved Product Information, **AND**
- Patient must have experienced treatment failure with bortezomib, unless contraindicated or not tolerated according to the Therapeutic Goods Administration (TGA) approved Product Information.

Bortezomib treatment failure is the absence of achieving at least a partial response or as progressive disease during treatment or within 6 months of discontinuing treatment with bortezomib. Lenalidomide treatment failure is progressive disease during treatment or within 6 months of discontinuing treatment with lenalidomide.

If treatment with either bortezomib or lenalidomide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to either bortezomib or lenalidomide treatment develops during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma pomalidomide Authority Application Supporting Information form; and
- (3) reports demonstrating the patient has failed treatment with, providing details of the contraindication to or details of the nature and severity of the intolerance to lenalidomide; and
- (4) reports demonstrating the patient has failed treatment with, providing details of the contraindication to or details of the nature and severity of the intolerance to bortezomib.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services  
Prior Written Approval of Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with dexamethasone.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Written applications for authority to prescribe should be forwarded to:

Department of Human Services  
Prior Written Approval of Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001



**pomalidomide 3 mg capsule, 21**

| 10417G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 10022.78 | Pomalyst [CJ]               |

**pomalidomide 4 mg capsule, 21**

| 10386P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 10022.78 | Pomalyst [CJ]               |

**■ THALIDOMIDE**

**Caution** Thalidomide is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Patients receiving thalidomide under the PBS listing must be registered in the i-access risk management program.

**Authority required (STREAMLINED)****9290**

Multiple myeloma

**thalidomide 100 mg capsule, 28**

| 9684Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | ..          | ..         | *1412.36 | Thalomid [CJ]               |

**thalidomide 50 mg capsule, 28**

| 6469L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 4             | ..          | ..         | *1412.38 | Thalomid [CJ]               |

**■ MUSCULO-SKELETAL SYSTEM****■ MUSCLE RELAXANTS****MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS***Other centrally acting agents***■ BACLOFEN****Authority required (STREAMLINED)****9562**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity of cerebral origin.

**Authority required (STREAMLINED)****9525**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to multiple sclerosis.

**Authority required (STREAMLINED)****9638**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord injury.

**Authority required (STREAMLINED)****9606**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord disease.

**baclofen 40 mg/20 mL intrathecal injection, 20 mL ampoule**

| 11194E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer         |
|--------|---------------|-------------|------------|---------|-------------------------------------|
|        | 2             | ..          | ..         | *804.66 | Sintetica Baclofen Intrathecal [BZ] |

## ■ BACLOFEN

**Note** Pharmaceutical benefits that have the forms baclofen 10 mg/5 mL intrathecal injection, 5 mL ampoule, baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules and baclofen 10 mg/5 mL intrathecal injection, 10 x 5 mL ampoules are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)****9488**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity of cerebral origin.

**Authority required (STREAMLINED)****9637**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to multiple sclerosis.

**Authority required (STREAMLINED)****9489**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord injury.

**Authority required (STREAMLINED)****9524**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord disease.

**baclofen 10 mg/5 mL intrathecal injection, 5 mL ampoule**

| 6284R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|----------|-----------------------------|----------------------------------------|
|       | 10            | ..          | ..         | *1004.08 | <sup>a</sup> Bacthecal [DZ] | <sup>a</sup> Lioresal Intrathecal [NV] |

**baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules**

| 11420C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1004.10 | <sup>a</sup> Bacthecal [DZ] |

**baclofen 10 mg/5 mL intrathecal injection, 10 x 5 mL ampoules**

| 11128Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                      |
|--------|---------------|-------------|------------|---------|--------------------------------------------------|
|        | 1             | ..          | ..         | 1004.10 | <sup>a</sup> Sintetica Baclofen Intrathecal [BZ] |

## ■ DRUGS FOR TREATMENT OF BONE DISEASES

## DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

*Bisphosphonates*

## ■ IBANDRONATE

**Authority required (STREAMLINED)****9333**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**ibandronate 6 mg/6 mL injection, 6 mL vial**

| 9619G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 11          | ..         | 311.31  | Bondronat [IX]              |

## ■ PAMIDRONATE DISODIUM

**Authority required (STREAMLINED)****9234**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**pamidronate disodium 15 mg/5 mL injection, 5 mL vial**

| 6286W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 2           | ..         | *67.02  | Pamisol [PF]                |

**pamidronate disodium 30 mg/10 mL injection, 10 mL vial**

| 6287X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 2           | ..         | *67.04  | Pamisol [PF]                |

**pamidronate disodium 60 mg/10 mL injection, 10 mL vial**

| 6288Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 2           | ..         | 67.04   | Pamisol [PF]                |

**■ PAMIDRONATE DISODIUM****Authority required (STREAMLINED)****9234**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**Authority required (STREAMLINED)****9335**

Multiple myeloma

**Authority required (STREAMLINED)****9315**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**pamidronate disodium 90 mg/10 mL injection, 10 mL vial**

| 6289B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 11          | ..         | 94.67   | Pamisol [PF]                |

**■ ZOLEDRONIC ACID**

**Note** Pharmaceutical benefits that have the form zoledronic acid 4 mg/100 mL injection and pharmaceutical benefits that have the form zoledronic acid 4 mg/5 mL injection are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)****9268**

Multiple myeloma

**Authority required (STREAMLINED)****9328**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**Authority required (STREAMLINED)****9304**

Bone metastases

**Clinical criteria:**

- The condition must be due to castration-resistant prostate cancer.

**Authority required (STREAMLINED)****9317**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**zoledronic acid 4 mg/5 mL injection, 5 mL vial**

| 6371H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-----------------------------|
|       | 1             | 11          | ..         | 81.78   | <sup>a</sup> APO-Zoledronic Acid [TX]<br><sup>a</sup> Zometa [SA] | <sup>a</sup> DEZTRON [DZ]   |

**■ OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM****OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM***Other drugs for disorders of the musculo-skeletal system***■ NUSINERSEN**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

## **Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Continuing/maintenance treatment of either symptomatic Type I, II or IIIa SMA, or of a patient commenced on this drug under the pre-symptomatic SMA listing

## **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or initiated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS-indication has been for gene therapy.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised risdiplam to PBS-subsidised nusinersen for this condition a wash out period may be required.

## **nusinersen 12 mg/5 mL injection, 5 mL vial**

| 11476B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | ..          | ..         | 110047.78 | Spinraza [BD]               |

## ■ NUSINERSEN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

## **Authority required**

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment - Loading doses

## **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA.

## **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**

- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not exceed four loading doses (at days 0, 14, 28 and 63) under this restriction, **AND**
- Patient must be untreated with gene therapy.

**Population criteria:**

- Patient must be 18 years of age or under.

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- Onset between 6 and 18 months; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Weakness in trunk righting/derotation; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:

- Onset between 18 months and 3 years of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Application for authorisation of initial treatment must be in writing and must include:

- a completed authority prescription form; and
- a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - specification of SMA type (I, II or IIIa); and
  - sign(s) and symptom(s) that the patient has experienced; and
  - patient's age at the onset of sign(s) and symptom(s).

**nusinersen 12 mg/5 mL injection, 5 mL vial**

| 11472T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | 3           | ..         | 110047.78 | Spinraza [BD]               |

**■ NUSINERSEN**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

### Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment of pre-symptomatic spinal muscular atrophy (SMA) - Loading doses

### Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA.

### Clinical criteria:

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- The condition must have genetic confirmation that there are 1 to 2 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The condition must be pre-symptomatic, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not exceed four loading doses (at days 0, 14, 28 and 63) under this restriction, **AND**
- Patient must be untreated with gene therapy.

### Population criteria:

- Patient must be aged under 36 months prior to commencing treatment.
- Application for authorisation of initial treatment must be in writing (lodged via postal service or electronic upload) and must include:
- a completed authority prescription form; and
  - a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
    - confirmation of genetic diagnosis of SMA; and
    - a copy of the results substantiating the number of SMN2 gene copies determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA)

### nusinersen 12 mg/5 mL injection, 5 mL vial

| 12176W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | 3           | ..         | 110047.78 | Spinraza [BD]               |

## ■ RISDIPLAM

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

### Authority required

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Continuing treatment

### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug, **AND**
- The treatment must be given concomitantly with best supportive care for this condition.

### Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS-indication has been for gene therapy.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised nusinersen to PBS-subsidised risdiplam for this condition a wash out period may be required.

### risdiplam 750 microgram/mL powder for oral liquid, 80 mL

| 12609P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | 5           | ..         | 10889.67 | Evrysdi [RO]                |

## ■ RISDIPLAM

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** For the next authority application after this application, continue treatment through the 'Treatment phase: Continuing treatment' under the indication: 'Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)'.

#### **Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment occurring after onasemnogene abeparvovec therapy in a patient with Type 1 SMA

#### **Clinical criteria:**

- Patient must have experienced a regression in a developmental state listed below (see 'Definition') despite treatment with gene therapy - confirm that this: (i) not due to an acute concomitant illness; (ii) not due to non-compliance to best-supportive care, (iii) apparent for at least 3 months, (iv) verified by another clinician in the treatment team - state the full name of this clinician plus their profession (e.g. medical practitioner, nurse, physiotherapist; this is not an exhaustive list of examples), **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition.

#### **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, **AND**
- Patient must be undergoing treatment under this Treatment phase listing once only - for continuing treatment beyond this authority application, refer to the drug's relevant 'Continuing treatment' listing for the patient's SMA type.

#### **Population criteria:**

- Patient must have a prior authority approval for any drug PBS-listed for symptomatic Type 1 SMA, with at least one approval having been for gene therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Do not resubmit previously submitted documentation concerning the diagnosis and type of SMA.

Confirm that a previous PBS authority application has been approved for symptomatic Type 1 SMA.

#### **Definition:**

Various childhood developmental states (1 to 9) are listed below, some followed by further observations (a up to d). Where at least one developmental state/observation is no longer present, that developmental state has regressed.

0. Absence of developmental states (1 to 9) listed below:

1. Rolls from side to side on back;
2. Child holds head erect for at least 3 seconds unsupported;
3. Sitting, but with assistance;
4. Sitting without assistance:
  - (a) Child sits up straight with the head erect for at least 10 seconds;
  - (b) Child does not use arms or hands to balance body or support position.
5. Hands and knees crawling:
  - (a) Child alternately moves forward or backwards on hands and knees;
  - (b) The stomach does not touch the supporting surface;
  - (c) There are continuous and consecutive movements at least 3 in a row.

6. Standing with assistance:

- (a) Child stands in upright position on both feet, holding onto a stable object (e.g. furniture) with both hands and without leaning on object;
- (b) The body does not touch the stable object, and the legs support most of the body weight;
- (c) Child thus stands with assistance for at least 10 seconds.

7. Standing alone:

- (a) Child stands in upright position on both feet (not on the toes) with the back straight;
- (b) The leg supports 100% of the child's weight;
- (c) There is no contact with a person or object;
- (d) Child stands alone for at least 10 seconds.

8. Walking with assistance:

- (a) Child is in an upright position with the back straight;

- (b) Child makes sideways or forced steps by holding onto a stable object (e.g. furniture) with 1 or both hands;  
(c) One leg moves forward while the other supports part of the body weight;  
(d) Child takes at least 5 steps in this manner.

#### 9. Walking alone:

- (a) Child takes at least 5 steps independently in upright position with the back straight;  
(b) One leg moves forward while the other supports most of the body weight;  
(c) There is no contact with a person or object.

Confirm which developmental state has regressed by: (i) stating the overall developmental state (1 - 9) the patient was in at the time of gene therapy, or, the best developmental state achieved since gene therapy, and (ii) stating the patient's current overall developmental state (i.e. a number that is lower than stated in (i)).

Where the patient has neither regressed from a developmental state nor reached the next developmental state, PBS-subsidy of this benefit is not available.

### risdiplam 750 microgram/mL powder for oral liquid, 80 mL

| 12959C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | ..          | ..         | 10889.67 | Evrysdi [RO]                |

#### ■ RISDIPLAM

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

#### **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic.

#### **Clinical criteria:**

- Patient must be untreated with gene therapy.

#### **Population criteria:**

- Patient must be 18 years of age or under.

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- Onset between 6 and 18 months; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Weakness in trunk righting/derotation; or
- Hypotonia; or



- vi) Absence of deep tendon reflexes; or
- vii) Failure to gain weight appropriate for age; or
- viii) Any active chronic neurogenic changes; or
- ix) A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:

- i) Onset between 18 months and 3 years of age; and
- ii) Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- iii) Proximal weakness; or
- iv) Hypotonia; or
- v) Absence of deep tendon reflexes; or
- vi) Failure to gain weight appropriate for age; or
- vii) Any active chronic neurogenic changes; or
- viii) A compound muscle action potential below normative values for an age-matched child.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

Application for authorisation of initial treatment must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - i) specification of SMA type (I, II or IIIa); and
  - ii) sign(s) and symptom(s) that the patient has experienced; and
  - iii) patient's age at the onset of sign(s) and symptom(s).

#### **Authority required**

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Transitioning from non-PBS to PBS subsidised treatment - Grandfather treatment

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2021, **AND**
- Patient must not be receiving invasive permanent assisted ventilation in the absence of a potentially reversible cause while being treated with this drug, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- Patient must be responding to non-PBS subsidised risdiplam for this condition at the time of application.

#### **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic.

#### **Clinical criteria:**

- Patient must be untreated with gene therapy.

#### **Population criteria:**

- Patient must have been 18 years of age or under at the time non-PBS subsidised treatment with this drug was initiated for this condition.

Application for authorisation of initial treatment must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - i) specification of SMA type (I, II or IIIa); and
  - ii) sign(s) and symptom(s) that the patient has experienced; and
  - iii) patient's age at the onset of sign(s) and symptom(s).

Defined signs and symptoms of type I SMA are:

- i) Onset before 6 months of age; and
- ii) Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- iii) Proximal weakness; or
- iv) Hypotonia; or
- v) Absence of deep tendon reflexes; or
- vi) Failure to gain weight appropriate for age; or
- vii) Any active chronic neurogenic changes; or
- viii) A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- i) Onset between 6 and 18 months; and
- ii) Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- iii) Proximal weakness; or

- iv) Weakness in trunk righting/derotation; or
- v) Hypotonia; or
- vi) Absence of deep tendon reflexes; or
- vii) Failure to gain weight appropriate for age; or
- viii) Any active chronic neurogenic changes; or
- ix) A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:

- i) Onset between 18 months and 3 years of age; and
- ii) Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- iii) Proximal weakness; or
- iv) Hypotonia; or
- v) Absence of deep tendon reflexes; or
- vi) Failure to gain weight appropriate for age; or
- vii) Any active chronic neurogenic changes; or
- viii) A compound muscle action potential below normative values for an age-matched child.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

## risdiplam 750 microgram/mL powder for oral liquid, 80 mL

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| 12610Q | ‡1            | ..          | ..         | 10889.67 | Evrysdi [RO]                |

## ■ NERVOUS SYSTEM

## ■ ANTI-PARKINSON DRUGS

### DOPAMINERGIC AGENTS

#### *Dopa and dopa derivatives*

## ■ LEVODOPA + CARBIDOPA

**Note** Special Pricing Arrangements apply.

**Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

### Authority required (STREAMLINED)

**10161**

Advanced Parkinson disease

#### **Clinical criteria:**

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- The treatment must be commenced in a hospital-based movement disorder clinic.

## levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| 11910W | 4             | 5           | ..         | *5815.78 | Duodopa [VE]                |

## ■ LEVODOPA + CARBIDOPA

**Note** Special Pricing Arrangements apply.

**Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

### Authority required (STREAMLINED)

**10363**

Advanced Parkinson disease

#### **Clinical criteria:**

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- The treatment must be commenced in a hospital-based movement disorder clinic, **AND**
- Patient must require continuous administration of levodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2000 mg of levodopa.

## levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|-----------|-----------------------------|
| 9744W | 8             | 5           | ..         | *11583.78 | Duodopa [VE]                |

### *Dopamine agonists*

## ■ APOMORPHINE

### Authority required (STREAMLINED)

**10830**

Parkinson disease

#### **Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**

- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials**

| 11083H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        |
|--------|---------------|-------------|------------|----------|------------------------------------|
|        | 18            | 5           | ..         | *7475.08 | Apomine Solution for Infusion [PF] |

**■ APOMORPHINE**
**Authority required (STREAMLINED)**
**11445**

Parkinson disease

**Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules**

| 9607P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 72            | 5           | ..         | *6417.22 | Movapo [TD]                 |

**apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules**

| 9640J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 36            | 5           | ..         | *8064.94 | Movapo [TD]                 |

**apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes**

| 10971K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 36            | 5           | ..         | *8064.94 | Movapo PFS [TD]             |

**■ APOMORPHINE**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**
**10830**

Parkinson disease

**Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges**

| 11688E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|----------|----------------------------------------|
|        | 20            | 5           | ..         | *2635.78 | <sup>a</sup> Apomine Intermittent [PF] |

**apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices**

| 11475Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer  |
|--------|---------------|-------------|------------|----------|------------------------------|
|        | 20            | 5           | ..         | *2635.78 | <sup>a</sup> Movapo Pen [TD] |

**■ PSYCHOLEPTICS**
**ANTIPSYCHOTICS**
*Diazepines, oxazepines, thiazepines and oxepines*
**■ CLOZAPINE**

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Pfizer ClopineCentral.

**Authority required (STREAMLINED)**
**9490**

Schizophrenia

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

**Clinical criteria:**

- Patient must be non-responsive to other neuroleptic agents; OR
  - Patient must be intolerant of other neuroleptic agents.
- Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

## RESPIRATORY SYSTEM

### clozapine 50 mg/mL oral liquid, 100 mL

| 11415T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | ‡1            | ..          | ..         | 148.18  | Versacloz [PF]              |

### ■ CLOZAPINE

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS), Pfizer ClopineCentral or Juno Connected Clozitor.

#### **Authority required (STREAMLINED)**

#### **9490**

Schizophrenia

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

#### **Clinical criteria:**

- Patient must be non-responsive to other neuroleptic agents; OR
- Patient must be intolerant of other neuroleptic agents.

Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

### clozapine 50 mg/mL oral liquid, 100 mL

| 9632Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 148.18  | Clopine Suspension [PF]     |

### clozapine 100 mg tablet, 100

| 6102E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer       | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------------|-----------------------------|
|       | 2             | ..          | ..         | *259.86 | Clopine 100 [PF]<br>Clozitor [JU] | Clozaril 100 [GO]           |

### clozapine 200 mg tablet, 100

| 6418T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | ..          | ..         | *511.94 | Clopine 200 [PF]            | Clozitor [JU]               |

### clozapine 25 mg tablet, 100

| 6101D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer      | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------------------------------|-----------------------------|
|       | 2             | ..          | ..         | *76.42  | Clopine 25 [PF]<br>Clozitor [JU] | Clozaril 25 [GO]            |

### clozapine 50 mg tablet, 100

| 6417R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | ..          | ..         | *142.24 | Clopine 50 [PF]             | Clozitor [JU]               |

## ■ RESPIRATORY SYSTEM

## ■ DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

### OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

*Other systemic drugs for obstructive airway diseases*

### ■ BENRALIZUMAB

#### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a

single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

**(6) Monitoring of patients:**

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Uncontrolled severe asthma

Treatment Phase: Balance of supply

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**

- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR
- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

## benralizumab 30 mg/mL injection, 1 mL pen device

| 11999M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3358.78 | Fasenra Pen [AP]            |

## ■ BENRALIZUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

#### (1) Initial treatment:

Applications for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

#### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

#### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

#### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

#### (5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a

treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact AstraZeneca Medical Information on 1800 805 342.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,

OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Continuing PBS Authority Application - Supporting Information Form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.

#### **benralizumab 30 mg/mL injection, 1 mL pen device**

| 11996J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 3358.78 | Fasenra Pen [AP]            |

## ■ BENRALIZUMAB

**Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

**(6) Monitoring of patients:**

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact AstraZeneca Medical Information on 1800 805 342.



**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
  - (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.
- The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 4 repeats to provide for an initial course of benralizumab sufficient for up to 32 weeks of therapy, at a dose of 30 mg every 4 weeks for the first three doses (weeks 0, 4, and 8) then 30 mg every eight weeks thereafter.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Initial PBS Authority Application - Supporting Information Form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; and
  - (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## **Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma (mepolizumab/benralizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:
  - (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
  - (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
  - (iii) eosinophil count and date; and
  - (iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); and
  - (v) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

At the time of the authority application, medical practitioners should request up to 4 repeats to provide for an initial course sufficient for up to 32 weeks of therapy, based on a dose of 30 mg every 4 weeks for the first three doses (weeks 0, 4, and 8) then 30 mg every eight weeks thereafter (refer to the TGA-approved Product Information).

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

### benralizumab 30 mg/mL injection, 1 mL pen device

| 11997K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 4           | ..         | 3358.78 | Fasenra Pen [AP]            |

## ■ MEPOLIZUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

#### (1) Initial treatment:

Applications for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

#### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

#### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

#### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate

biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Balance of supply

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR
- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

## **mepolizumab 100 mg injection, 1 vial**

| 11829N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1603.88 | Nucala [GK]                 |

## **mepolizumab 100 mg/mL injection, 1 mL pen device**

| 12043W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1603.88 | Nucala [GK]                 |

## ■ MEPOLIZUMAB

### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under

the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact GlaxoSmithKline Medical Information on 1800 033 109.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## Population criteria:

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,

OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Continuing PBS Authority Application - Supporting Information Form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.

## mepolizumab 100 mg injection, 1 vial

| 11014Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1603.88 | Nucala [GK]                 |

## mepolizumab 100 mg/mL injection, 1 mL pen device

| 12052H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1603.88 | Nucala [GK]                 |

## ■ MEPOLIZUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

**(6) Monitoring of patients:**

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact GlaxoSmithKline Medical Information on 1800 033 109.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**

- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## Population criteria:

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

At the time of the authority application, medical practitioners should request up to 7 repeats to provide for an initial course of mepolizumab sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Initial PBS Authority Application - Supporting Information Form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; and
  - (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.



**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma (mepolizumab/benralizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) eosinophil count and date; and
- (iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); and
- (v) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

At the time of the authority application, medical practitioners should request up to 7 repeats to provide for an initial course sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

#### **mepolizumab 100 mg injection, 1 vial**

| 11003D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 1603.88 | Nucala [GK]                 |

#### **mepolizumab 100 mg/mL injection, 1 mL pen device**

| 12051G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 1603.88 | Nucala [GK]                 |

## ■ OMALIZUMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au). Applications for authority to prescribe should be forwarded to:  
Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe chronic spontaneous urticaria

Treatment Phase: Initial treatment

### **Treatment criteria:**

- Must be treated by a clinical immunologist; OR
- Must be treated by an allergist; OR
- Must be treated by a dermatologist; OR
- Must be treated by a general physician with expertise in the management of chronic spontaneous urticaria (CSU).

### **Clinical criteria:**

- The condition must be based on both physical examination and patient history (to exclude any factors that may be triggering the urticaria), **AND**
- Patient must have experienced itch and hives that persist on a daily basis for at least 6 weeks despite treatment with H1 antihistamines, **AND**
- Patient must have failed to achieve an adequate response after a minimum of 2 weeks treatment with a standard therapy, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A standard therapy is defined as a combination of therapies that includes H1 antihistamines at maximally tolerated doses in accordance with clinical guidelines, and one of the following:

- 1) a H2 receptor antagonist (150 mg twice per day); or
- 2) a leukotriene receptor antagonist (LTRA) (10 mg per day); or
- 3) doxepin (up to 25 mg three times a day)

If the requirement for treatment with H1 antihistamines and a H2 receptor antagonist, or a leukotriene receptor antagonist or doxepin cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application.

A failure to achieve an adequate response to standard therapy is defined as a current Urticaria Activity Score 7 (UAS7) score of equal to or greater than 28 with an itch score of greater than 8, as assessed while still on standard therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Chronic Spontaneous Urticaria Omalizumab Initial PBS Authority Application - Supporting Information Form which must include:
  - (i) demonstration of failure to achieve an adequate response to standard therapy; and
  - (ii) drug names and doses of standard therapies that the patient has failed; and
  - (iii) a signed patient acknowledgment that cessation of therapy should be considered after the patient has demonstrated clinical benefit with omalizumab to re-evaluate the need for continued therapy. Any patient who ceases therapy and whose CSU relapses will need to re-initiate PBS-subsidised omalizumab as a new patient.

### **omalizumab 150 mg/mL injection, 1 mL syringe**

| 11175E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 2           | ..         | *860.58 | Xolair [NV]                 |

## ■ OMALIZUMAB

### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they

are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Balance of supply

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR

- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 11826K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 220.98  | Xolair [NV]                 |

## omalizumab 150 mg/mL injection, 1 mL syringe

| 11825J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 434.18  | Xolair [NV]                 |

## ■ OMALIZUMAB

### Note TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction. Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

(b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

(2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The Department of Human Services will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Authority approval for sufficient therapy to complete a maximum of 28 weeks of treatment under the initial restriction or 24 weeks of treatment under the continuing restriction may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

### Authority required

Uncontrolled severe allergic asthma

Treatment Phase: Balance of supply in a patient aged 6 to 12 years

### Treatment criteria:

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

### Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the Initial restriction or up to 24 weeks treatment available under the Continuing restriction.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 11958J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 220.98  | Xolair [NV]                 |

**omalizumab 150 mg/mL injection, 1 mL syringe**

| 11932B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 434.18  | Xolair [NV]                 |

**■ OMALIZUMAB**

**Note** A proportion of patients respond to 150 mg 4-weekly so where a substantial improvement has been obtained with a 300 mg dose it is reasonable to back-titrate dose after initial treatment.

**Note** Cessation of therapy should be considered after the patient has demonstrated clinical benefit with omalizumab to re-evaluate the need for continued therapy. Any patient who ceases therapy and whose CSU relapses will need to re-initiate PBS-subsidised omalizumab as a new patient.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe chronic spontaneous urticaria

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a clinical immunologist; OR
- Must be treated by an allergist; OR
- Must be treated by a dermatologist; OR
- Must be treated by a general physician with expertise in the management of chronic spontaneous urticaria (CSU).

**Clinical criteria:**

- Patient must have demonstrated a response to the most recent PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks per authorised course of treatment under this restriction.

**omalizumab 150 mg/mL injection, 1 mL syringe**

| 11163M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *860.58 | Xolair [NV]                 |

**■ OMALIZUMAB****Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses

of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to omalizumab treatment is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline, OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5, OR

(c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline (this criterion is only applicable for patients transitioned from the paediatric to the adolescent/adult restriction).

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the

prior course of treatment, the assessment of oral corticosteroid dose or the assessment of time adjusted exacerbation rate must be made at around 20 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS-subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of this biological medicine consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Asthma PBS Authority Application and Supporting Information Form which includes details of:
  - (i) maintenance oral corticosteroid dose; or
  - (ii) Asthma Control Questionnaire (ACQ-5) score including the date of assessment of the patient's symptoms; or
  - (iii) for patients transitioned from the paediatric to the adolescent/adult restrictions, confirmation that the exacerbation rate has reduced.

#### omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 11840E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 220.98  | Xolair [NV]                 |

#### omalizumab 150 mg/mL injection, 1 mL syringe

| 11864K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 434.18  | Xolair [NV]                 |

## ■ OMALIZUMAB

### Note TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

(b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

(2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The Department of Human Services will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or medinfo.phauno@novartis.com

**Note** It is recommended that an application for continuing treatment is submitted at the time of the 18 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.humanservices.gov.au](http://www.humanservices.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe allergic asthma

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have a documented history of severe allergic asthma, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

An adequate response to omalizumab treatment is defined as:

- (a) a reduction in the Asthma Control Questionnaire (ACQ-5) or ACQ-IA score of at least 0.5 from baseline, OR
- (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 or ACQ-IA score from baseline, OR

- (c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline.

All applications for continuing treatment with omalizumab must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment of the patient's response to the prior course of treatment, the assessment of systemic corticosteroid dose, and the assessment of time-adjusted exacerbation rate must be made at around 20 weeks after the first dose of PBS-subsidised omalizumab so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The first assessment should, where possible, be completed by the same physician who initiated treatment with omalizumab. This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with omalizumab.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Paediatric Severe Allergic Asthma Continuing PBS Authority Application - Supporting Information form which includes details of:
  - (i) maintenance oral corticosteroid dose; and
  - (ii) Asthma Control Questionnaire (ACQ-5) score; or
  - (iii) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.

#### **omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe**

| 11952C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 220.98  | Xolair [NV]                 |

#### **omalizumab 150 mg/mL injection, 1 mL syringe**

| 11953D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 434.18  | Xolair [NV]                 |

### **• OMALIZUMAB**

#### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the



term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, that is no more than 1 year old at the time of application, **AND**
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

(i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**

(ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The initial IgE assessment must be no more than 12 months old at the time of application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

(a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**

(b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for severe asthma within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines for severe asthma within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma PBS Authority Application - Supporting Information Form,

which includes the following:

- (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
- (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
- (iii) the IgE result; and
- (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the past 12 months or in the 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, measured no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma (omalizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) the IgE results; and
- (iv) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request an appropriate maximum quantity based on IgE level and body weight (refer to the TGA-approved Product Information) to be administered every 2 to 4 weeks and up to 7 repeats to provide for an initial course sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 10110D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 220.98  | Xolair [NV]                 |

## omalizumab 150 mg/mL injection, 1 mL syringe

| 10122R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 434.18  | Xolair [NV]                 |

## ■ OMALIZUMAB

### Note TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

(b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

(2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The Department of Human Services will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** It is recommended that an application for continuing treatment is submitted at the time of the 22 to 26 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.humanservices.gov.au](http://www.humanservices.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe allergic asthma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have a diagnosis of asthma confirmed and documented by a paediatric respiratory physician, clinical immunologist, or allergist; or paediatrician or general physician experienced in the management of patients with severe asthma in consultation with a respiratory physician, defined by the following standard clinical features: forced expiratory volume (FEV1) reversibility or airway hyperresponsiveness or peak expiratory flow (PEF) variability, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, **AND**
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 6 to less than 12 years.

#### **Treatment criteria:**

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months.

Optimised asthma therapy includes:

(i) Adherence to optimal inhaled therapy, including high dose inhaled corticosteroid (ICS) and long-acting beta-2 agonist (LABA) therapy for at least six months. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative; **AND**

(ii) treatment with at least 2 courses of oral or IV corticosteroids (daily or alternate day maintenance treatment courses, or 3-5 day exacerbation treatment courses), in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications (including those specified in the relevant TGA-approved Product Information) and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The initial IgE assessment must be no more than 12 months old at the time of application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

(a) An Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month (for children aged 6 to 10 years it is recommended that the Interviewer Administered version - the ACQ-IA be used), **AND**

(b) while receiving optimised asthma therapy in the previous 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) or ACQ-IA assessment of the patient's response to this initial course of treatment, the assessment of oral corticosteroid dose, and the assessment of exacerbation rate should be made at around 24 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with omalizumab.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab of up to 28 weeks, consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Paediatric Severe Allergic Asthma Initial PBS Authority Application - Supporting Information form,

which includes the following:

- (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
- (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
- (iii) the IgE result; and
- (iv) Asthma Control Questionnaire (ACQ-5) score; or
- (v) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 10956P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 220.98  | Xolair [NV]                 |

## omalizumab 150 mg/mL injection, 1 mL syringe

| 10968G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 434.18  | Xolair [NV]                 |

## COUGH AND COLD PREPARATIONS

### EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS

#### Mucolytics

## DORNASE ALFA

**Note** It is highly desirable that all patients be included in the national cystic fibrosis patient database.

### Authority required (STREAMLINED)

#### 9624

Cystic fibrosis

#### Population criteria:

- Patient must be 5 years of age or older.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with dornase alfa at a dose of 2.5 mg daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

- (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND
- (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

### Authority required (STREAMLINED)

#### 9591

Cystic fibrosis

#### Clinical criteria:

- Patient must have a severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring hospital admissions more frequently than 3 times per year; OR
- Patient must have significant bronchiectasis on chest high resolution computed tomography scan; OR
- Patient must have severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; OR
- Patient must have severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy.

#### Population criteria:

- Patient must be less than 5 years of age.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented. Treatment with this drug should cease if there is not agreement of benefit, as there is always the possibility of harm from unnecessary use. Further reassessments must be undertaken and documented at six-monthly intervals.

### Authority required (STREAMLINED)

#### 9592

Cystic fibrosis

Treatment Phase: Continuing treatment

#### Clinical criteria:

- Patient must have initiated treatment with dornase alfa at an age of less than 5 years, **AND**
- Patient must have undergone a comprehensive assessment which documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit.

**Population criteria:**

- Patient must be 5 years of age or older.

Further reassessments must be undertaken and documented at six-monthly intervals. Treatment with this drug should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

**dornase alfa 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules**

| 6120D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1964.70 | Pulmozyme [RO]              |

■ **MANNITOL**

**Note** It is highly desirable that all patients be included in the national cystic fibrosis patient database.

**Authority required (STREAMLINED)****9527**

Cystic fibrosis

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must be intolerant or inadequately responsive to dornase alfa.

**Population criteria:**

- Patient must be 6 years of age or older.

Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

- (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; **AND**
- (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

**Authority required (STREAMLINED)****9593**

Cystic fibrosis

**Clinical criteria:**

- The treatment must be in combination with dornase alfa, **AND**
- Patient must be inadequately responsive to dornase alfa, **AND**
- Patient must have trialled hypertonic saline for this condition.

**Population criteria:**

- Patient must be 6 years of age or older.

Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

- (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; **AND**
- (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

**mannitol 40 mg powder for inhalation, 280 capsules**

| 2008Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 4             | 5           | ..         | *1836.98 | Bronchitol [HT]             |

■ **OTHER RESPIRATORY SYSTEM PRODUCTS****OTHER RESPIRATORY SYSTEM PRODUCTS***Other respiratory system products*

## ■ ELEXACAFITOR + TEZACAFITOR + IVACAFITOR (&) IVACAFITOR

- Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001
- Note** No increase in the maximum quantity or number of units may be authorised.
- Note** No increase in the maximum number of repeats may be authorised.
- Note** For the purposes of this restriction, PBS-subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor, tezacaftor/ivacaftor and elexacaftor/tezacaftor/ivacaftor.
- Note** Special Pricing Arrangements apply.

### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

### **Clinical criteria:**

- Patient must have at least one F508del mutation in the cystic fibrosis transmembrane conductance (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, prior to initiating treatment with this drug.

### **Population criteria:**

- Patient must be 12 years of age or older.

This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient having at least one F508del mutation - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

### **Population criteria:**

- Patient must be 12 years of age or older.

This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

## **elexacaftor 100 mg + tezacaftor 50 mg + ivacaftor 75 mg tablet [56] (&) ivacaftor 150 mg tablet [28], 84**

| 12938Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21422.78 | Trikafta [VR]               |

## ■ IVACAFITOR

- Note** No increase in the maximum number of repeats may be authorised.



**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
 Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
 Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment - New patients

#### **Clinical criteria:**

- Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**
- Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR
- Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**
- Patient must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

- Patient must be aged 12 months or older.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole. Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet once daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil. Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating G551D mutation or other gating (class III) mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and
- (5) sweat chloride result.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**
- Patient must have received PBS-subsidised initial therapy with ivacaftor, given concomitantly with standard therapy, for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

- Patient must be aged 12 months or older.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole. Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet once daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem,

erythromycin, fluconazole, fosamprenavir, imatinib, verapamil. Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

## ivacaftor 150 mg tablet, 56

| 10175M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21422.78 | Kalydeco [VR]               |

## ivacaftor 75 mg granules, 56 sachets

| 11109Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21422.78 | Kalydeco [VR]               |

## ivacaftor 50 mg granules, 56 sachets

| 11097C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21422.78 | Kalydeco [VR]               |

## ■ LUMACFTOR + IVACFTOR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elexacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

### Authority required

Cystic fibrosis

Treatment Phase: Initial treatment

### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

### **Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

### **Population criteria:**

- Patient must be 12 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and

(3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and

(4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

#### **Population criteria:**

- Patient must be 12 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **lumacaftor 200 mg + ivacaftor 125 mg tablet, 112**

| 11463H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 17860.28 | Orkambi [VR]                |

#### **■ LUMACFTOR + IVACFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elexacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

#### **Population criteria:**

- Patient must be aged between 6 and 11 years inclusive.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

- Patient must be aged between 6 and 11 years inclusive.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

### **lumacaftor 100 mg + ivacaftor 125 mg tablet, 112**

| 11464J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 17860.28 | Orkambi [VR]                |

## **■ LUMACAFITOR + IVACAFITOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elexacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

**Population criteria:**

- Patient must be 2 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be 2 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**lumacaftor 100 mg + ivacaftor 125 mg granules, 56 sachets**

| 11841F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | 5           | ..         | 17860.28 | Orkambi [VR]                |

**lumacaftor 150 mg + ivacaftor 188 mg granules, 56 sachets**

| 11848N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | 5           | ..         | 17860.28 | Orkambi [VR]                |

**■ TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: eleacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

## **Authority required**

Cystic fibrosis - one residual function (RF) mutation

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

## **Clinical criteria:**

- Patient must have at least one residual function (RF) mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor with ivacaftor, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities.

## **Population criteria:**

- Patient must be 12 years of age or older.

For the purposes of this restriction, the list of mutations considered to be responsive to tezacaftor with ivacaftor is defined in the TGA approved product information.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient having at least one RF mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient ; and
- (4) CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

## **Authority required**

Cystic fibrosis - one residual function (RF) mutation

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

## **Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56**

| 11833T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 19997.78 | Symdeko [VR]                |

**■ TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elexacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

**Authority required**

Cystic fibrosis - homozygous for the F508del mutation

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities.

**Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**Authority required**

Cystic fibrosis - homozygous for the F508del mutation

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**

- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56**

| 11834W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 19997.78 | Symdeko [VR]                |

## VARIOUS

## ALL OTHER THERAPEUTIC PRODUCTS

### ALL OTHER THERAPEUTIC PRODUCTS

#### *Iron chelating agents*

## DEFERASIROX

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis.

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia.

**deferasirox 180 mg tablet, 30**

| 11546Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *1319.98 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11496C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *2592.10 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 90 mg tablet, 30**

| 11545P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                             | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *669.34 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |



<sup>a</sup> Pharmacor Deferasirox FC [CR]

## ▪ DEFERASIROX

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis.

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia.

**deferasirox 125 mg dispersible tablet, 28**

| 6499C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 6             | 5           | ..         | *625.24 | Deferasirox Juno [JU]       |

**deferasirox 250 mg dispersible tablet, 28**

| 6500D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 6             | 5           | ..         | *1235.14 | Deferasirox Juno [JU]       |

**deferasirox 500 mg dispersible tablet, 28**

| 9600G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 6             | 5           | ..         | *2422.48 | Deferasirox Juno [JU]       |

## ▪ DEFERASIROX

**Authority required (STREAMLINED)****9302**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Authority required (STREAMLINED)****9222**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Authority required (STREAMLINED)****9258**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Note** Interruption of treatment should be considered if serum ferritin levels fall consistently below 500 microgram/mL.

**deferasirox 180 mg tablet, 30**

| 11510T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *1319.98 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11547R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer         | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|-------------------------------------|-----------------------------------|
|        | 6             | 2           | ..         | *2592.10 | <sup>a</sup> CIPLA DEFERASIROX [LR] | <sup>a</sup> Deferasirox ARX [XT] |

<sup>a</sup> Deferasirox Sandoz [SZ]                      <sup>a</sup> DEFERASIROX-TEVA [TB]  
<sup>a</sup> Eferas [AF]                                      <sup>a</sup> Jadenu [NM]  
<sup>a</sup> Pharmacor Deferasirox FC [CR]

**deferasirox 90 mg tablet, 30**

| 11548T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *669.34 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 125 mg dispersible tablet, 28**

| 11236J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | 2           | ..         | *625.24 | Deferasirox Juno [JU]       |

**deferasirox 250 mg dispersible tablet, 28**

| 11238L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *1235.14 | Deferasirox Juno [JU]       |

**deferasirox 500 mg dispersible tablet, 28**

| 11243R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *2422.48 | Deferasirox Juno [JU]       |

**■ DEFERASIROX**

**Note** A patient's median life expectancy is determined by the severity of their underlying disease.

**Note** Patients with underlying myelodysplastic syndrome are considered to have a median life expectancy exceeding five years if they are classified as:

- low risk according to the International Prognostic Scoring System (IPSS); or
- very low and low risk according to the Revised International Prognostic Scoring System (IPSS-R); or
- very low and low risk according to the WHO classification based Prognostic Scoring System (WPSS).

**Note** Patients with underlying myelofibrosis have a median life expectancy exceeding five years if they are classified as:

- low or intermediate risk according to the International Prognostic Scoring System (IPSS); or
- low or intermediate-1 risk according to Dynamic International Prognostic Scoring System (DIPSS).

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a serum ferritin level of greater than 1000 microgram/L, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have a median life expectancy exceeding five years.

**deferasirox 180 mg tablet, 30**

| 11557G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *1319.98 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11511W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *2592.10 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 90 mg tablet, 30**

| 11558H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *669.34 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**■ DEFERASIROX**

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**Note** A patient's median life expectancy is determined by the severity of their underlying disease.

**Note** Patients with underlying myelodysplastic syndrome are considered to have a median life expectancy exceeding five years if they are classified as:

- low risk according to the International Prognostic Scoring System (IPSS); or

- very low and low risk according to the Revised International Prognostic Scoring System (IPSS-R); or
- very low and low risk according to the WHO classification based Prognostic Scoring System (WPSS).

**Note** Patients with underlying myelofibrosis have a median life expectancy exceeding five years if they are classified as:

- low or intermediate risk according to the International Prognostic Scoring System (IPSS); or
- low or intermediate-1 risk according to Dynamic International Prognostic Scoring System (DIPSS).

#### **Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a serum ferritin level of greater than 1000 microgram/L, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have a median life expectancy exceeding five years.

#### **deferasirox 125 mg dispersible tablet, 28**

| 11241P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | 2           | ..         | *625.24 | Deferasirox Juno [JU]       |

#### **deferasirox 250 mg dispersible tablet, 28**

| 11244T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *1235.14 | Deferasirox Juno [JU]       |

#### **deferasirox 500 mg dispersible tablet, 28**

| 11232E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *2422.48 | Deferasirox Juno [JU]       |

### ▪ DEFERIPRONE

#### **Authority required (STREAMLINED)**

**9286**

Iron overload

#### **Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be unable to take desferrioxamine therapy.

#### **Authority required (STREAMLINED)**

**9228**

Iron overload

#### **Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be one in whom desferrioxamine therapy has proven ineffective.

#### **deferiprone 100 mg/mL oral liquid, 250 mL**

| 9638G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 5             | 5           | ..         | *1009.38 | Ferriprox [EU]              |

#### **deferiprone 500 mg tablet, 100**

| 6416Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 3             | 5           | ..         | *1203.46 | Ferriprox [EU]              |

### ▪ DEFERIPRONE

#### **Authority required (STREAMLINED)**

**9623**

Iron overload

#### **Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be unable to take desferrioxamine therapy.

#### **Authority required (STREAMLINED)**

**9590**

Iron overload

#### **Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be one in whom desferrioxamine therapy has proven ineffective.

#### **deferiprone 1 g tablet, 50**

| 11724C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 5           | ..         | *2359.18 | Ferriprox [EU]              |

## ■ DESFERRIOXAMINE

### Authority required (STREAMLINED)

**9696**

Disorders of erythropoiesis

### **Clinical criteria:**

- The condition must be associated with treatment-related chronic iron overload.

### **desferrioxamine mesilate 2 g injection, 1 vial**

| 6270B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|----------|-----------------------------------|
|       | 60            | 5           | ..         | *1916.38 | DBL Desferrioxamine Mesilate [PF] |

### **desferrioxamine mesilate 500 mg injection, 10 vials**

| 6113R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|----------|-----------------------------------|
|       | 40            | 5           | ..         | *5602.98 | DBL Desferrioxamine Mesilate [PF] |

### *Drugs for treatment of hyperkalemia and hyperphosphatemia*

## ■ LANTHANUM

### Authority required (STREAMLINED)

**9762**

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

### **Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

### **Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

### **lanthanum 500 mg chewable tablet, 2 x 45**

| 9635D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *473.30 | Fosrenol [TK]               |

### **lanthanum 750 mg chewable tablet, 6 x 15**

| 9636E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *710.76 | Fosrenol [TK]               |

### **lanthanum 1 g chewable tablet, 6 x 15**

| 9637F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *799.18 | Fosrenol [TK]               |

## ■ SEVELAMER

**Note** Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

### Authority required (STREAMLINED)

**9762**

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

### **Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

### **Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

### **sevelamer hydrochloride 800 mg tablet, 180**

| 9620H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *376.44 | <sup>a</sup> Renagel [GZ]   |

### **sevelamer carbonate 800 mg tablet, 180**

| 11838C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|---------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *376.44 | <sup>a</sup> Sevelamer Apotex [TX] | <sup>a</sup> Sevelamer Lupin [GQ] |

## ■ SUCROFERRIC OXYHYDROXIDE

### Authority required (STREAMLINED)

9762

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

### **Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

### **Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

### **sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90**

| 10230K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *752.20 | Velphoro [VL]               |

# Highly Specialised Drugs Program (Public Hospital)

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## ALIMENTARY TRACT AND METABOLISM

### OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

#### OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

*Various alimentary tract and metabolism products*

#### ▪ TEDUGLUTIDE

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

##### **Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Initial treatment - balance of supply

##### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition, **AND**
- Patient must have received insufficient therapy with this drug under the initial treatment restriction to complete the maximum duration of 12 months of initial treatment, **AND**
- The treatment must provide no more than the balance of up to 12 months of treatment.

#### **teduglutide 5 mg injection [28 vials] (& inert substance diluent [28 x 0.5 mL syringes], 1 pack**

| 11808L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 21840.00 | Revestive [TK]              |

#### ▪ TEDUGLUTIDE

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos).

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

##### **Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Initial treatment

##### **Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

##### **Clinical criteria:**

- Patient must have short bowel syndrome with intestinal failure following major surgery, **AND**
- Patient must have a history of dependence on parenteral support for at least 12 months, **AND**
- Patient must have received a stable parenteral support regimen for at least 3 days per week in the previous 4 weeks, **AND**
- Patient must not have active gastrointestinal malignancy or history of gastrointestinal malignancy within the last 5 years, **AND**
- The treatment must not exceed 12 months under this restriction, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Provide a baseline value in this authority application of the amount of parenteral support per week, expressed as either:

(i) for a patient of any age, the mean number of days of parenteral support per week

(ii) for a patient yet to turn 18 years of age, the mean volume of parenteral support per week in mL per kg.

Determine the mean over the four weeks immediately prior to this authority application. For a patient yet to turn 18 years or age, both (i) and (ii) may be supplied, but provide at least (i). Assessment of treatment response/non-response in the 'First continuing treatment' authority application will be compared against the baseline value(s) submitted in this application.

A stable parenteral support regimen is defined as a minimum of 3 days of parenteral support (parenteral nutrition with or without IV fluids) per week for 4 consecutive weeks to meet caloric, fluid or electrolyte needs.

The authority application must be made in writing and must include:



(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

### teduglutide 5 mg injection [28 vials] (&) inert substance diluent [28 x 0.5 mL syringes], 1 pack

| 11793Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 11          | ..         | 21840.00 | Revestive [TK]              |

## ▪ TEDUGLUTIDE

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Type III Short bowel syndrome with intestinal failure

Treatment Phase: First continuing treatment

### Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

### Clinical criteria:

- Patient must have previously received PBS-subsidised initial treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with this drug for this condition as a grandfathered patient, **AND**
- Patient must have a reduction in parenteral support frequency of at least one day per week compared to the mean number of days per week at baseline; OR
- Patient must have, as a patient yet to turn 18 years of age, a reduction in the mean weekly parenteral support volume of at least 20% (mL per kg of body weight) relative to baseline.

Refer to the measurement(s) stated in the Initial treatment authority application for the baseline dependence on parenteral support. Determine the current mean use per week of parental support in days (for a patient of any age) and/or the mean volume per week in mL per kg (for a patient yet to turn 18 years of age). State these values in this authority application.

The current mean number of days of parenteral support is calculated as the mean number of days in which any parenteral support is required (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

The current mean weekly parenteral support volume is calculated as the mean mL per kg of body weight of parenteral support (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

From 1 September 2021

Where the mean weekly volume of parenteral support in terms of mL per kg of body weight for 4 consecutive weeks has not been stated in an Initial treatment authority application for a patient yet to turn 18 years of age, provide in this authority application both:

- a known or estimated retrospective baseline value that would have applied to the patient immediately before commencing treatment with this drug, and
- the current value (observed over the preceding 4 weeks)

Provide these values for a child only where mean weekly volume is to be used as an alternative response assessment to mean days of parenteral support per week. Otherwise, continue to use mean days per week.

A patient who has turned 18 years of age since their last authority application may be assessed for response using either the mean number of days of parenteral support or mean volume of parenteral support. Any subsequent authority application after this application must be assessed using the mean number of days of parenteral support.

Patients who do not meet the clinical criteria with respect to demonstrating the minimum reduction in parenteral support must permanently discontinue PBS subsidy.

The authority application must be made in writing and must include:

- a completed authority prescription form(s); and
- a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Note** A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

### Authority required

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Subsequent continuing treatment

### Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

**Clinical criteria:**

- Patient must have received PBS-subsidised first-continuing treatment with this drug for this condition and achieved a treatment response in the preceding treatment period; OR
- Patient must have received PBS-subsidised commencement of treatment following a trial cessation period and not have previously experienced a failure to respond to treatment with this drug for this condition.

**Treatment response****Adult:**

In a subsequent continuing treatment application, treatment response in a patient aged at least 18 years is one of:

- (i) a reduction in the mean number of days of parenteral support of at least 1 day per week since the last assessment for PBS-subsidised treatment; or
- (ii) parenteral support completely ceasing (due to clinical benefit from this drug) for a period of at least 4 consecutive weeks

Child (yet to turn 18 years of age):

In a subsequent continuing treatment application, treatment response in a child is one of:

- (iii) a reduction in the mean number of days of parenteral support of at least 1 day per week since the last assessment for PBS-subsidised treatment; or
- (iv) a reduction in the mean weekly volume of parenteral support (mL per kg of body weight) of at least 20% since the last assessment for PBS-subsidised treatment; or
- (v) parenteral support completely ceasing (due to clinical benefit from this drug) for a period of at least 4 consecutive weeks.

A patient who has turned 18 years of age since their last authority application may be assessed for response using either the mean number of days of parenteral support or mean volume of parenteral support. Any subsequent authority application after this application must be assessed using the mean number of days of parenteral support.

The current mean number of days of parenteral support is calculated as the mean number of days in which any parenteral support is required (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period

The current mean weekly parenteral support volume is calculated as the mean mL per kg of body weight of parenteral support (parenteral nutrition with or without IV fluids) per week to meet caloric, fluid or electrolyte needs over the immediately preceding 4 week treatment period.

**Treatment failure****Adult:**

In a subsequent continuing treatment application, treatment failure is defined as an increase in the mean number of days per week in parenteral support (parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to the most recent authority application.

Child (yet to turn 18 years of age):

In a subsequent continuing treatment application, treatment failure is defined as at least one of the following occurring:

- (i) an increase in the mean number of days per week in parenteral support (parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to the most recent authority application; or
- (ii) an increase of 20% or more in the mean weekly volume of parenteral support (mL per kg of body weight; parenteral nutrition with or without IV fluids) to meet caloric, fluid or electrolyte needs, compared to most recent authority application.

Patients who experience failure of treatment must permanently discontinue treatment.

**Treatment stability**

A patient who neither demonstrates a treatment response as defined above nor a treatment failure as defined above since the last assessment for PBS-subsidised treatment is considered to have 'treatment stability'.

**Trial cessation period**

A patient with treatment stability must undertake a trial cessation period. A patient who re-commences treatment after a trial cessation period is exempt from further trial cessation periods.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Authority required**

Type III Short bowel syndrome with intestinal failure

Treatment Phase: Recommencement of treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a specialist within a multidisciplinary intestinal rehabilitation unit.

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have undertaken a trial cessation period due to experiencing a stable parenteral support regimen in the first continuing or subsequent continuing treatment phase, and not due to a treatment failure; OR
- Patient must have undertaken a trial cessation period for any medical reason other than lack of treatment efficacy, **AND**
- Patient must have experienced deterioration during a trial cessation period.

Deterioration during the trial cessation period includes an increase in parenteral support use, as well as changes in renal function, urinary sodium levels and changes in body weight in the absence of an increase in parenteral support use. This is not an exhaustive list of the signs/symptoms of disease deterioration - the treating physician must be satisfied that in the absence of treatment with this drug, the patient's condition has deteriorated.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Note** Authority applications to continue treatment after this application should occur under the 'Subsequent continuing treatment' phase.

### teduglutide 5 mg injection [28 vials] (&) inert substance diluent [28 x 0.5 mL syringes], 1 pack

| 11794R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21840.00 | Revestive [TK]              |

## ■ BLOOD AND BLOOD FORMING ORGANS

## ■ ANTIHEMORRHAGICS

### VITAMIN K AND OTHER HEMOSTATICS

#### Other systemic hemostatics

## ■ ELTROMBOPAG

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

#### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 1 - New patient

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy following the splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy following the splenectomy, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP.

The platelet count must be no more than 4 weeks old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 2 - New patient

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**

- Patient must not have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy, **AND**
- Patient must be unsuitable for splenectomy due to medical reasons, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

## **Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP, and
- (4) details of the reason of medical contraindication for surgery and date of assessment.

The platelet count must be no more than 4 weeks old at the time of application.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe thrombocytopenia

Treatment Phase: First Continuing treatment or Re-initiation of interrupted continuing treatment

## **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have demonstrated a sustained platelet response to PBS-subsidised treatment with this drug for this condition under the Initial treatment restriction if the patient has not had a treatment break; OR
- Patient must have demonstrated a sustained platelet response to the most recent PBS-subsidised treatment with this drug for this condition prior to interrupted treatment, **AND**
- Patient must not have previously received PBS-subsidised continuing treatment with romiplostim for this condition, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

## **Population criteria:**

- Patient must be aged 18 years or older.

For the purposes of this restriction, a sustained platelet response is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised treatment with this drug,

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart; OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the First continuing PBS-subsidised treatment or Re-initiation of interrupted PBS-subsidised continuing treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form, and
- (3) the most recent platelet count.

The platelet count must be conducted no later than 4 weeks from the date of completion of the most recent PBS-subsidised course of treatment with this drug.

A maximum of 24 weeks of treatment with this drug will be authorised under this criterion.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe thrombocytopenia

Treatment Phase: Second or subsequent Continuing treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under first continuing or re-initiation of interrupted continuing treatment restriction, **AND**
- Patient must have demonstrated a continuing response to PBS-subsidised treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.

For the purpose of this restriction, a continuing response to treatment with drug is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with this drug

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L

OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

The platelet count must be no more than 4 weeks old at the time of application.

**Note** Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe thrombocytopenia

Treatment Phase: Balance of supply or change of therapy within 24 weeks initial treatment

#### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 restriction to complete 24 weeks treatment; OR
- Patient must be swapping therapy from romiplostim to this drug for this condition within the initial 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the First Continuing treatment or Re-initiation of interrupted continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Second and subsequent Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## eltrombopag 25 mg tablet, 28

| 5825N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 1292.76 | Revolade [NV]               |

## eltrombopag 50 mg tablet, 28

| 5826P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 2585.52 | Revolade [NV]               |

## ▪ ROMIPLOSTIM

### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 1 - New patient

### Clinical criteria:

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have had a splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy following the splenectomy, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy following the splenectomy, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

### Population criteria:

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be requested by telephone. The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP.

The platelet count must be no more than 4 weeks old at the time of application.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Severe thrombocytopenia

Treatment Phase: Initial treatment 2 - New patient

### Clinical criteria:

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must not have had a splenectomy, **AND**

- Patient must have failed to achieve an adequate response to, or be intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks, **AND**
- Patient must have failed to achieve an adequate response to, or be intolerant to, immunoglobulin therapy, **AND**
- Patient must be unsuitable for splenectomy due to medical reasons, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of initial application;

(a) a platelet count of less than or equal to 20,000 million per L; OR

(b) a platelet count of 20,000 million to 30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

Where intolerance to treatment with corticosteroid and immunoglobulin therapy developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be requested by telephone. The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form,
- (3) details of a platelet count supporting the diagnosis of ITP, and
- (4) details of the reason of medical contraindication for surgery and date of assessment.

The platelet count must be no more than 4 weeks old at the time of application.

Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe thrombocytopenia

Treatment Phase: First Continuing treatment or Re-initiation of interrupted continuing treatment

**Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have demonstrated a sustained platelet response to PBS-subsidised treatment with this drug for this condition under the Initial treatment restriction if the patient has not had a treatment break; OR
- Patient must have demonstrated a sustained platelet response to the most recent PBS-subsidised treatment with this drug for this condition prior to interrupted treatment, **AND**
- Patient must not have previously received PBS-subsidised continuing treatment with eltrombopag for this condition, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

For the purposes of this restriction, a sustained platelet response is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised treatment with this drug,

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart; OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

Applications for the First continuing PBS-subsidised treatment or Re-initiation of interrupted PBS-subsidised continuing treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form, and
- (3) the most recent platelet count.

The platelet count must be conducted no later than 4 weeks from the date of completion of the most recent PBS-subsidised course of treatment with this drug.

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe thrombocytopenia

Treatment Phase: Second or Subsequent Continuing treatment

### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under first continuing or re-initiation of interrupted continuing treatment restriction, **AND**
- Patient must have demonstrated a continuing response to PBS-subsidised treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition.

### **Population criteria:**

- Patient must be aged 18 years or older.

For the purpose of this restriction, a continuing response to treatment with drug is defined as:

(a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with this drug

AND either of the following:

(b) a platelet count greater than or equal to 50,000 million per L

OR

(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

The platelet count must be no more than 4 weeks old at the time of application.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Authority approval will not be given for doses higher than 10 micrograms/kg/week

**Note** Romiplostim is not PBS-subsidised as an alternative to splenectomy.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe thrombocytopenia

Treatment Phase: Balance of supply or change of therapy within 24 weeks initial treatment

### **Clinical criteria:**

- The condition must be severe chronic immune (idiopathic) thrombocytopenic purpura (ITP), **AND**
- The treatment must be the sole PBS-subsidised thrombopoietin receptor agonist (TRA) for this condition, **AND**
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 restriction to complete 24 weeks treatment; OR
- Patient must be swapping therapy from eltrombopag to this drug for this condition within the initial 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the First Continuing treatment or Re-initiation of interrupted continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Second and subsequent Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.



Patients will be able to trial either eltrombopag or romiplostim within the initial 24 weeks treatment period. Where a patient has started initial treatment with one of the two agents, change of therapy to the alternative agent may be authorised under the Balance of supply or change of therapy restriction to complete up to 24 weeks initial treatment. Patients who fail to demonstrate a response to treatment with eltrombopag and/or romiplostim after completion of 24 weeks initial therapy will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### romiplostim 250 microgram injection, 1 vial

| 9696H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 494.12  | Nplate [AN]                 |

#### romiplostim 500 microgram injection, 1 vial

| 9698K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 988.24  | Nplate [AN]                 |

## ■ ANTIANEMIC PREPARATIONS

### OTHER ANTIANEMIC PREPARATIONS

*Other antianemic preparations*

#### ■ DARBEPOETIN ALFA

**Authority required (STREAMLINED)**

**6294**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

#### darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes

| 5639T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *706.00 | Aranesp [AN]                |

#### darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes

| 5637Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *274.02 | Aranesp [AN]                |

#### darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL pen device

| 5649H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 8             | 5           | ..         | *2016.48 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes

| 5651K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2016.56 | Aranesp [AN]                |

#### darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL pen device

| 5650J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 8             | 5           | ..         | *3004.64 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes

| 5643B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *3004.62 | Aranesp [AN]                |

#### darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL pen device

| 5645D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 8             | 5           | ..         | *516.08 | Aranesp SureClick [AN]      |

#### darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes

| 5638R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *516.04 | Aranesp [AN]                |

#### darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL pen device

| 5646E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 8             | 5           | ..         | *856.88 | Aranesp SureClick [AN]      |

## BLOOD AND BLOOD FORMING ORGANS

### darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5640W | 2             | 5           | ..         | *856.94 | Aranesp [AN]                |

### darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5641X | 2             | 5           | ..         | *1059.46 | Aranesp [AN]                |

### darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL pen device

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5647F | 8             | 5           | ..         | *1244.08 | Aranesp SureClick [AN]      |

### darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5642Y | 2             | 5           | ..         | *1244.06 | Aranesp [AN]                |

### darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL pen device

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5648G | 8             | 5           | ..         | *1637.60 | Aranesp SureClick [AN]      |

### darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5644C | 2             | 5           | ..         | *1637.54 | Aranesp [AN]                |

## ■ EPOETIN ALFA

### Authority required (STREAMLINED)

**6294**

Anaemia associated with intrinsic renal disease

#### **Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

### epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5716W | 2             | 5           | ..         | *965.86 | Eprex 6000 [JC]             |

### epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5717X | 2             | 5           | ..         | *1252.72 | Eprex 8000 [JC]             |

### epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5714R | 2             | 5           | ..         | *214.92 | Eprex 1000 [JC]             |

### epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5722E | 2             | 5           | ..         | *1516.18 | Eprex 10000 [JC]            |

### epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5719B | 2             | 5           | ..         | *397.70 | Eprex 2000 [JC]             |

### epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5713Q | 2             | 5           | ..         | *2982.68 | Eprex 20,000 [JC]           |

### epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5720C | 2             | 5           | ..         | *513.20 | Eprex 3000 [JC]             |

### epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5721D | 2             | 5           | ..         | *653.56 | Eprex 4000 [JC]             |

**epoetin alfa 40 000 units/mL injection, 1 mL syringe**

| 5718Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *964.98 | Eprex 40,000 [JC]           |

**epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes**

| 5715T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *813.66 | Eprex 5000 [JC]             |

**▪ EPOETIN BETA****Authority required (STREAMLINED)****6294**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

**epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes**

| 5729M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1595.98 | NeoRecormon [RO]            |

**epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 5724G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *418.62 | NeoRecormon [RO]            |

**epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 5725H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *540.22 | NeoRecormon [RO]            |

**epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 5726J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *687.96 | NeoRecormon [RO]            |

**epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 5727K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *856.50 | NeoRecormon [RO]            |

**epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 5728L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1016.70 | NeoRecormon [RO]            |

**▪ EPOETIN LAMBDA****Authority required (STREAMLINED)****6294**

Anaemia associated with intrinsic renal disease

**Clinical criteria:**

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

**epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes**

| 9668W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *226.24 | Novicrit [SZ]               |

**epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes**

| 9596C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1595.96 | Novicrit [SZ]               |

**epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes**

| 9669X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *418.60 | Novicrit [SZ]               |

**epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes**

| 9670Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *540.20 | Novicrit [SZ]               |

## CARDIOVASCULAR SYSTEM

### epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

| 9587N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *687.94 | Novicrit [SZ]               |

### epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

| 9589Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *856.46 | Novicrit [SZ]               |

### epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

| 9591T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1016.66 | Novicrit [SZ]               |

### epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

| 9594Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1318.60 | Novicrit [SZ]               |

## METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA

### Authority required (STREAMLINED)

6294

Anaemia associated with intrinsic renal disease

### Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

### methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 0.3 mL syringe

| 5794Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *299.06 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 0.3 mL syringe

| 5795B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *498.42 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 0.3 mL syringe

| 5796C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *725.80 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 0.3 mL syringe

| 5797D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *938.68 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 0.3 mL syringe

| 5798E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1086.76 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 0.3 mL syringe

| 5799F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1558.72 | Mircera [RO]                |

### methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 0.6 mL syringe

| 5800G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2694.58 | Mircera [RO]                |

## CARDIOVASCULAR SYSTEM

## ANTIHYPERTENSIVES

### OTHER ANTIHYPERTENSIVES

*Antihypertensives for pulmonary arterial hypertension*

## AMBRISENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- a completed authority prescription form; and
- a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - RHC composite assessment; and
  - ECHO composite assessment; and
  - 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- RHC plus ECHO composite assessments;
- RHC composite assessment plus 6MWT;
- RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- ECHO composite assessment plus 6MWT;
- ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

**Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**ambrisentan 10 mg tablet, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| 1             | 5           | ..         | 1844.54 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

**ambrisentan 5 mg tablet, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| 1             | 5           | ..         | 1844.54 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

▪ **AMBRISENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.



The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

#### **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **ambrisentan 10 mg tablet, 30**

| 12186J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|        | 1             | 5           | ..         | 1844.54 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

#### **ambrisentan 5 mg tablet, 30**

| 12212R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer                                       |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|        | 1             | 5           | ..         | 1844.54 | <sup>a</sup> Ambrisentan Mylan [AF]<br><sup>a</sup> PULMORIS [YC] | <sup>a</sup> Cipla Ambrisentan [LR]<br><sup>a</sup> Volibris [ZE] |

### **■ BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Cessation of treatment (all patients)

#### **Clinical criteria:**

- Patient must be receiving PBS-subsidised treatment with this PAH agent, **AND**
- The treatment must be for the purpose of gradual dose reduction prior to ceasing therapy.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.
- The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment. Treatment beyond 1 month will not be approved.

**bosentan 62.5 mg tablet, 60**

| 12140Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | ..          | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

■ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**bosentan 62.5 mg tablet, 60**

| 12134P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

■ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
  - The treatment must be the sole PBS-subsidised PAH agent for this condition.
- The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

If patients will be taking 62.5mg for the first month then 125 mg, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information and no repeats.

Prescribers should request the second authority prescription of therapy with the 125 mg tablet strengths, with a quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

If patients will be taking 62.5mg for longer than 1 month, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment and a maximum of 5 repeats based on the dosage recommendations in the TGA-approved Product Information.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

If patients will be taking 62.5mg for the first month then 125 mg, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information and no repeats.

Prescribers should request the second authority prescription of therapy with the 125 mg tablet strengths, with a quantity for one month of treatment, based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

If patients will be taking 62.5mg for longer than 1 month, prescribers should request the first authority prescription of therapy with the 62.5 mg tablet strength, with the quantity for one month of treatment and a maximum of 5 repeats based on the dosage recommendations in the TGA-approved Product Information.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**bosentan 125 mg tablet, 60**

| 5619R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                              | Brand Name and Manufacturer                                                                                                       |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|       | 1             | 5           | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan GH [GQ]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] |

**bosentan 62.5 mg tablet, 60**

| 5618Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|-------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|       | 1             | 5           | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

▪ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where multiple strengths of this drug are sought, the combined number of repeats sought for each strength should not exceed 5. If the optimal strength is still to be determined by the end of the initial PBS supply, prescribers are reminded that further supplies of the optimal strength may be obtained via the Continuing treatment listing via a telephone/online authority application.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

**Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR

- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**bosentan 62.5 mg tablet, 60**

| 12145F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                                                                       |
|--------|---------------|-------------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] |

▪ **BOSENTAN**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.



A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where multiple strengths of this drug are sought, the combined number of repeats sought for each strength should not exceed 5. If the optimal strength is still to be determined by the end of the initial PBS supply, prescribers are reminded that further supplies of the optimal strength may be obtained via the Continuing treatment listing via a telephone/online authority application.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

#### **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**bosentan 125 mg tablet, 60**

| 12149K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                              | Brand Name and Manufacturer                                                                                                       |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 430.63  | <sup>a</sup> Bosentan APO [GX]<br><sup>a</sup> BOSENTAN DR.REDDY'S [RI]<br><sup>a</sup> Bosentan Mylan [AF]<br><sup>a</sup> BOSLEER [RW] | <sup>a</sup> Bosentan Cipla [LR]<br><sup>a</sup> Bosentan GH [GQ]<br><sup>a</sup> Bosentan RBX [RA]<br><sup>a</sup> Tracleer [JC] |

▪ **EPOPROSTENOL**

**Note** Pharmaceutical benefits that have the form epoprostenol 1.5 mg injection vial & diluent and pharmaceutical benefits that have the form epoprostenol 1.5 mg injection vial are equivalent for the purposes of substitution.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

## Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

- Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001
- Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

**Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

- Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

- Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

## **Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

#### epoprostenol 1.5 mg injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack

| 11065J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 30            | 5           | ..         | *1779.90 | <sup>a</sup> Flolan [GK]    |

#### epoprostenol 1.5 mg injection, 1 vial

| 10117L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------|
|        | 30            | 5           | ..         | *1779.90 | <sup>a</sup> EPOPROSTENOL SUN [RA] | <sup>a</sup> Veletri [JC]   |

### ■ EPOPROSTENOL

**Note** Pharmaceutical benefits that have the form epoprostenol 500 microgram injection vial & diluent and pharmaceutical benefits that have the form epoprostenol 500 microgram injection vial are equivalent for the purposes of substitution.

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.



PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**

- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**epoprostenol 500 microgram injection, 1 vial**

| 10130E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------|-----------------------------|
|        | 30            | 5           | ..         | *998.40 | <sup>a</sup> EPOPROSTENOL SUN [RA] | <sup>a</sup> Veletri [JC]   |

**epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack**

| 11090Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 30            | 5           | ..         | *890.10 | <sup>a</sup> Flolan [GK]    |

**■ ILOPROST**

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have WHO Functional Class III drug and toxins induced PAH, or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the Therapeutic Goods Administration (TGA) approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have documented PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

#### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost. PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## Clinical criteria:

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## Clinical criteria:

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, a phosphodiesterase-5 inhibitor is one of: (a) sildenafil, (b) tadalafil; a prostanoid is one of: (c) epoprostenol, (d) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.



**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy; OR
- The treatment must have been initiated as part of non-PBS-subsidised dual therapy for an untreated patient with WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

## iloprost 20 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

| 5751Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 349.59  | Ventavis [BN]               |

## ■ MACITENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

### **Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- RHC composite assessment; and
- ECHO composite assessment; and
- 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

#### **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## macitentan 10 mg tablet, 30

| 10136L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 2732.65 | Opsumit [JC]                |

## ■ MACITENTAN

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

### Clinical criteria:

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

### Treatment criteria:

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH

- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

#### **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

#### **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **macitentan 10 mg tablet, 30**

| 12147H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 2732.65 | Opsumit [JC]                |

▪ **RIOCIGUAT**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 1 month following cessation of therapy, as recommended by the TGA-approved Product Information.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have WHO Functional Class II, III or IV CTEPH, **AND**
- The condition must be inoperable by pulmonary endarterectomy; **OR**
- The condition must be recurrent or persistent following pulmonary endarterectomy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

**Population criteria:**

- Patient must be aged 18 years or older.

CTEPH that is inoperable by pulmonary endarterectomy is defined as follows:

- Right heart catheterisation (RHC) demonstrating pulmonary vascular resistance (PVR) of greater than 300 dyn\*sec\*cm<sup>-5</sup> measured at least 90 days after start of full anticoagulation; and
- A mean pulmonary artery pressure (PAPmean) of greater than 25 mmHg at least 90 days after start of full anticoagulation.

CTEPH that is recurrent or persistent subsequent to pulmonary endarterectomy is defined as follows:

- RHC demonstrating a PVR of greater than 300 dyn\*sec\*cm<sup>-5</sup> measured at least 180 days following pulmonary endarterectomy.

Where a RHC cannot be performed due to right ventricular dysfunction, an echocardiogram demonstrating the dysfunction must be provided at the time of application.

Applications for authorisation must be in writing and must include:(1) completed authority prescription forms sufficient for dose titration; and(2) a completed CTEPH PBS Initial Authority Application - Supporting Information form which includes results from the 3 tests below, to establish baseline measurements, where available:(i) RHC composite assessment, and(ii) ECHO composite assessment, and(iii) 6 Minute Walk Test (6MWT); and(3) a signed patient acknowledgment form; and(4) confirmation of evidence of inoperable CTEPH including results of a pulmonary vascular resistance (PVR), a mean pulmonary artery pressure (PAPmean) and the starting date of full anticoagulation; or(5) confirmation of evidence of recurrent or persistent CTEPH including result of PVR and the date that pulmonary endarterectomy was performed; or(6) confirmation of an echocardiogram demonstrating right ventricular dysfunction.

Where it is not possible to perform all 3 tests above on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:(1) RHC plus ECHO composite assessments;(2) RHC composite assessment plus 6MWT;(3) RHC composite assessment only.

In circumstance where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:(1) ECHO composite assessment plus 6MWT;(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

The test results provided must not be more than 2 months old at the time of application.

Prescriptions for dose titration must provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment. The quantity approved must be based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 3 repeats.

The assessment of the patient's response to the initial 20-week course of treatment should be made following the preceding 16 weeks of treatment, in order to allow sufficient time for a response to be demonstrated.

Patients who fail to demonstrate a response to PBS-subsidised treatment with this agent at the time where an assessment is required must cease PBS-subsidised therapy with this agent.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must demonstrate stable or responding disease, **AND**

- The treatment must be the sole PBS-subsidised therapy for this condition.

**Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be in writing and must include: (1) a completed authority prescription form; and (2) a completed CTEPH PBS Continuing Authority Application - Supporting Information form which includes results from the three tests below, where available: (i) RHC composite assessment; and (ii) ECHO composite assessment; and (iii) 6 Minute Walk Test (6MWT).

Test requirements to establish response to treatment for continuation of treatment are as follows:

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e., every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The test results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Response to this drug is defined as follows:

For patients with two or more baseline tests, response to treatment is defined as two or more tests demonstrating stability or improvement of disease.

For patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease.

For patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease.

The assessment of the patient's response to the continuing 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated.

The maximum quantity per prescription must be based on the dosage recommendations in the TGA-approved Product Information and be limited to provide sufficient supply for 1 month of treatment.

A maximum of 5 repeats will be authorised.

Applications for continuing treatment with this drug should be made two weeks prior to the completion of the 6-month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

Patients who fail to demonstrate disease stability or improvement to PBS-subsidised treatment with this agent at the time where an assessment is required must cease PBS-subsidised therapy with this agent.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Chronic thromboembolic pulmonary hypertension (CTEPH)

Treatment Phase: Balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete a maximum of 20 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete a maximum of 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 20 or 24 weeks of treatment available under the above respective restriction, **AND**
- The treatment must be the sole PBS-subsidised agent for this condition.

**Treatment criteria:**

- Must be treated in a centre with expertise in the management of CTEPH.

**Population criteria:**

- Patient must be aged 18 years or older.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).



Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

**riociguat 500 microgram tablet, 42**

| 11001B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

**riociguat 500 microgram tablet, 84**

| 10995Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3263.64 | Adempas [BN]                |

**riociguat 1 mg tablet, 42**

| 10976Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

**riociguat 1 mg tablet, 84**

| 11020B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3263.64 | Adempas [BN]                |

**riociguat 1.5 mg tablet, 42**

| 10989J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

**riociguat 1.5 mg tablet, 84**

| 10977R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3263.64 | Adempas [BN]                |

**riociguat 2 mg tablet, 42**

| 10984D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

**riociguat 2 mg tablet, 84**

| 11013P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3263.64 | Adempas [BN]                |

**riociguat 2.5 mg tablet, 42**

| 11002C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

**riociguat 2.5 mg tablet, 84**

| 11019Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3263.64 | Adempas [BN]                |

**■ RIOCIQUAT**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have been assessed by a physician with expertise in the management of PAH, **AND**
- Patient must have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **riociguat 500 microgram tablet, 42**

| 11040C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

#### **riociguat 1 mg tablet, 42**

| 11054T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

### **▪ RIOCIQUAT**

**Caution** This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of therapy.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must have been assessed by a physician with expertise in the management of PAH, **AND**
- Patient must have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

- RHC composite assessment; and
- ECHO composite assessment; and
- 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

### **Clinical criteria:**

- Patient must have documented WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

Approvals for prescriptions for dose titration will provide sufficient quantity for dose titrations by 0.5 mg increments at 2-week intervals to achieve up to a maximum of 2.5 mg three times daily based on the dosage recommendations for initiation of treatment in the TGA-approved Product Information. No repeats will be authorised for these prescriptions.

Approvals for subsequent authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### riociguat 500 microgram tablet, 84

| 11059C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3263.64 | Adempas [BN]                |

#### riociguat 1 mg tablet, 84

| 11053R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3263.64 | Adempas [BN]                |

#### riociguat 1.5 mg tablet, 42

| 11047K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

#### riociguat 1.5 mg tablet, 84

| 11048L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3263.64 | Adempas [BN]                |

#### riociguat 2 mg tablet, 42

| 11038Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

#### riociguat 2 mg tablet, 84

| 11039B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3263.64 | Adempas [BN]                |

#### riociguat 2.5 mg tablet, 42

| 11057Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1631.82 | Adempas [BN]                |

#### riociguat 2.5 mg tablet, 84

| 11024F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3263.64 | Adempas [BN]                |

### SELEXIPAG

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment - dose titration

**Clinical criteria:**

- Patient must have failed to achieve/maintain a WHO Functional Class II status with PAH agents (other than this agent) given as dual therapy, **AND**
- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must be for dose titration purposes with the intent of completing the titration within 12 weeks, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**selexipag 200 microgram tablet, 140**

| 12258E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 8050.00 | Upravi [JC]                 |

▪ **SELEXIPAG**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Note** Special Pricing Arrangements apply.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes:Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment - dose titration

**Clinical criteria:**

- Patient must have failed to achieve/maintain a WHO Functional Class II status with PAH agents (other than this agent) given as dual therapy, **AND**
- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must be for dose titration purposes with the intent of completing the titration within 12 weeks, **AND**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**selexipag 800 microgram tablet, 60**

| 12266N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3450.00 | Upravi [JC]                 |

**■ SELEXIPAG**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial treatment following dose titration

**Clinical criteria:**

- Patient must have WHO Functional Class III PAH at treatment initiation with this drug; OR
- Patient must have WHO Functional Class IV PAH at treatment initiation with this drug, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- Patient must have completed the dose titration phase, **AND**
- The treatment must not be as monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Population criteria:**

- Patient must have had at least one PBS-subsidised PAH agent prior to this authority application.

Select one appropriate strength (determined under the 'Initial treatment - dose titration' phase) and apply under this treatment phase (Initial treatment following dose titration) once only. Should future dose adjustments be required, apply under the 'Continuing treatment' restriction.

A prior PAH agent is any of: ambrisentan, bosentan, macitentan, sildenafil, tadalafil, epoprostenol, iloprost, riociguat.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

#### **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) selexipag with one endothelin receptor antagonist, (ii) selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy'), **AND**
- The treatment must not be as monotherapy.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

For the purposes of administering this restriction, disease progression has developed if at least one of the following has occurred:

- (i) Hospitalisation due to worsening PAH;
- (ii) Deterioration of aerobic capacity/endurance, consisting of at least a 15% decrease in 6-Minute Walk Distance from baseline, combined with worsening of WHO functional class status;
- (iii) Deterioration of aerobic capacity/endurance, consisting of at least a 15% decrease in 6-Minute Walk Distance from baseline, combined with the need for additional PAH-specific therapy;
- (iv) Initiation of parenteral prostanoid therapy or long-term oxygen therapy for worsening of PAH;
- (v) Need for lung transplantation or balloon atrial septostomy for worsening of PAH.

#### **selexipag 200 microgram tablet, 60**

| 12247N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |

#### **selexipag 400 microgram tablet, 60**

| 12235Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |

#### **selexipag 600 microgram tablet, 60**

| 12263K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |

#### **selexipag 800 microgram tablet, 60**

| 12249Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |

#### **selexipag 1 mg tablet, 60**

| 12259F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |

#### **selexipag 1.2 mg tablet, 60**

| 12252W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Uptravi [JC]                |



**selexipag 1.4 mg tablet, 60**

| 12240F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Upravi [JC]                 |

**selexipag 1.6 mg tablet, 60**

| 12265M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 3450.00 | Upravi [JC]                 |

**■ SILDENAFIL**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

**Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**

- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:

(i) RHC composite assessment; and

(ii) ECHO composite assessment; and

(iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

(1) RHC plus ECHO composite assessments;

(2) RHC composite assessment plus 6MWT;

(3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **sildenafil 20 mg tablet, 90**

| 9547L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                       | Brand Name and Manufacturer                                               |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|       | 1             | 5           | ..         | 169.35  | <sup>a</sup> Revatio [UJ]<br><sup>a</sup> Sildenafil AN PHT 20 [EA]<br><sup>a</sup> Sildenafil Sandoz PHT 20 [SZ] | <sup>a</sup> SILDATIO PHT [RW]<br><sup>a</sup> Sildenafil PHT APOTEX [TY] |

## ▪ SILDENAFIL

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, but only for WHO Functional Class IV PAH.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

## **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in an untreated patient with Class IV disease severity; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in a patient with Class III/IV disease severity that had been treated with at least endothelin receptor/phosphodiesterase-5 inhibitor/prostanoid monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### sildenafil 20 mg tablet, 90

| 12144E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                       | Brand Name and Manufacturer                                               |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|        | 1             | 5           | ..         | 169.35  | <sup>a</sup> Revatio [UJ]<br><sup>a</sup> Sildenafil AN PHT 20 [EA]<br><sup>a</sup> Sildenafil Sandoz PHT 20 [SZ] | <sup>a</sup> SILDATIO PHT [RW]<br><sup>a</sup> Sildenafil PHT APOTEX [TY] |

### ▪ TADALAFIL

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (new patients)

#### **Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent.

#### **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

#### **Clinical criteria:**

- Patient must have WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease

- Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (change)

## **Clinical criteria:**

- Patient must have documented WHO Functional Class II PAH, or WHO Functional Class III PAH, **AND**
- Patient must have had their most recent course of PBS-subsidised treatment for this condition with a PAH agent other than this agent, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

Swapping between PAH agents: Patients can access PAH agents through the PBS according to the relevant restrictions.

Once these patients are approved initial treatment (monotherapy) with 1 of these 8 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted.

Applications to swap between the 8 PAH agents must be made under the relevant initial treatment (monotherapy) restriction. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have received their most recent course of PBS-subsidised treatment with this PAH agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised PAH agent for this condition.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The term 'PAH agents' refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan, tadalafil, macitentan, and riociguat.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **tadalafil 20 mg tablet, 56**

| 1308W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------|-----------------------------|
|       | 1             | 5           | ..         | 475.54  | <sup>a</sup> Adcirca [LY]    | <sup>a</sup> Tadalca [CR]   |
|       |               |             |            |         | <sup>a</sup> TADALIS 20 [LR] |                             |

## ▪ TADALAFIL

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.



**Note** Authority applications for each agent in combination therapy should be made at the same time to reduce administrative handling. However, dosing of each agent need not occur simultaneously to be considered as 'combination therapy'.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 1 (starting dual therapy in an untreated patient for the first time)

**Clinical criteria:**

- Patient must not have received prior PBS-subsidised treatment with a pulmonary arterial hypertension (PAH) agent, **AND**
- Patient must currently have WHO Functional Class III PAH or WHO Functional Class IV PAH, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, but only for WHO Functional Class IV PAH.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form which includes results from the three tests below, where available:
  - (i) RHC composite assessment; and
  - (ii) ECHO composite assessment; and
  - (iii) 6 Minute Walk Test (6MWT).

Where it is not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC cannot be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

The test results provided must not be more than 2 months old at the time of application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 2 (starting dual therapy in a treated patient for the first time)

## **Clinical criteria:**

- The condition must be PAH of WHO Functional Class III severity at the time dual therapy is initiated; OR
- The condition must be PAH of WHO Functional Class IV severity at the time dual therapy is initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Where a patient has had one PAH agent PBS-subsidised and the other non-PBS-subsidised, apply under this 'Initial 2' restriction type for each agent individually. Transitioning of the non-PBS to PBS-subsidised supply will be subject to restrictions in Initial 2.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Initial 3 (dual therapy - change)

## **Clinical criteria:**

- Patient must have received PBS-subsidised dual combination therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy, (iii) 'Grandfather' treatment for dual therapy, with at least one agent in the combination changing, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Continuing treatment (dual therapy)

**Clinical criteria:**

- Patient must have received PBS-subsidised dual therapy through one of the following treatment phase restrictions: (i) Initial 1 for dual therapy, (ii) Initial 2 for dual therapy (iii) 'Grandfathered' treatment for dual therapy, with this agent in the combination remaining unchanged from the most recent PBS-subsidised supply, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** If this authority application is to continue dual therapy, but with a change in at least one agent, apply under the 'Initial 3 (dual therapy - change)' treatment phase restriction.

**Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: 'Grandfathered' patient (dual therapy) - transitioning from non-PBS subsidised to PBS-subsidised dual therapy where each PAH agent has been non-PBS subsidised

**Clinical criteria:**

- Patient must have been receiving non-PBS-subsidised dual therapy with PAH agents consisting of a phosphodiesterase-5 inhibitor combined with a prostanoid, where each agent was non-PBS-subsidised, prior to 1 March 2021, **AND**
- The condition must be PAH that was of WHO Functional Class III severity at the time dual therapy was initiated; OR
- The condition must be PAH that was of WHO Functional Class IV severity at the time dual therapy was initiated, **AND**
- Patient must have failed to achieve/maintain WHO Functional Class II status with at least one of the following PBS-subsidised therapies if non-PBS-subsidised dual therapy was initiated for WHO Functional Class III/IV PAH: (i) endothelin receptor antagonist monotherapy, (ii) phosphodiesterase-5 inhibitor monotherapy, (iii) prostanoid monotherapy, **AND**
- The treatment must form part of dual combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in an untreated patient with Class IV disease severity; OR
- The treatment must form part of dual combination therapy consisting of: (i) one prostanoid, (ii) one phosphodiesterase-5 inhibitor, where non-PBS subsidised prostanoid-PDE-5i dual therapy was initiated in a patient with Class III/IV disease severity that had been treated with at least endothelin receptor/phosphodiesterase-5 inhibitor/prostanoid monotherapy.

**Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil; a prostanoid is one of: (f) epoprostenol, (g) iloprost.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or

(ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

Applications for authorisation must be lodged either electronically or via mail/postal service and include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension Initial Grandfather dual therapy authority application form which includes results from the three tests below, where available:

- (i) RHC composite assessment; and
- (ii) ECHO composite assessment; and
- (iii) 6 Minute Walk Test (6MWT).

Where it was not possible to perform all 3 tests on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC could not be performed on clinical grounds, applications may be submitted for consideration based on the results of the following test combinations, which are listed in descending order of preference:

(1) ECHO composite assessment plus 6MWT;

(2) ECHO composite assessment only.

Where fewer than 3 tests were able to be performed on clinical grounds, a patient specific reason outlining why the particular test(s) could not be conducted must be provided with the authority application.

Where a RHC could not be performed on clinical grounds, confirmation of the reason(s) must be provided with the authority application by a second PAH physician or cardiologist with expertise in the management of PAH.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria for dual therapy for this condition.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** PAH (WHO Group 1 pulmonary hypertension) currently includes the following subtypes: Idiopathic PAH

- Heritable PAH
  - BMPR2 mutation
  - ALK-1, ENG, SMAD9, CAV1, KCNK3 mutations
  - Other mutations
- Drugs and toxins induced PAH
- PAH associated with:
  - Connective tissue disease
  - Human immunodeficiency virus (HIV) infection
  - Portal hypertension
  - Congenital heart disease
  - Schistosomiasis

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

## **Authority required**

Pulmonary arterial hypertension (PAH)

Treatment Phase: Triple therapy - Initial treatment or continuing treatment of triple combination therapy (including dual therapy in lieu of triple therapy) that includes selexipag

## **Clinical criteria:**

- The treatment must form part of triple combination therapy consisting of: (i) one endothelin receptor antagonist, (ii) one phosphodiesterase-5 inhibitor, (iii) PBS-subsidised selexipag (referred to as 'triple therapy'); OR
- The treatment must form part of dual combination therapy consisting of either: (i) PBS-subsidised selexipag with one endothelin receptor antagonist, (ii) PBS-subsidised selexipag with one phosphodiesterase-5 inhibitor, as triple combination therapy with selexipag-an endothelin receptor antagonist-a phosphodiesterase-5 inhibitor is not possible due to an intolerance/contraindication to the endothelin receptor antagonist class/phosphodiesterase-5 inhibitor class (referred to as 'dual therapy in lieu of triple therapy').

## **Treatment criteria:**

- Must be treated by a physician with expertise in the management of PAH, with this authority application to be completed by the physician with expertise in PAH.

The authority application for selexipag must be approved prior to the authority application for this agent.

For the purposes of PBS subsidy, an endothelin receptor antagonist is one of: (a) ambrisentan, (b) bosentan, (c) macitentan; a phosphodiesterase-5 inhibitor is one of: (d) sildenafil, (e) tadalafil.

PBS-subsidy does not cover patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of predicted.

PAH (WHO Group 1 pulmonary hypertension) is defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than or equal to 25 mmHg at rest and pulmonary artery wedge pressure (PAWP) less than or equal to 15 mmHg; or
- (ii) where a right heart catheter (RHC) cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

The results and date of the RHC, ECHO and 6 MWT as applicable must be included in the patient's medical record. Where a RHC cannot be performed on clinical grounds, the written confirmation of the reasons why must also be included in the patient's medical record.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information.

A maximum of 5 repeats may be requested.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tadalafil 20 mg tablet, 56

| 12151M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | 5           | ..         | 475.54  | <sup>a</sup> Addcirca [LY]<br><sup>a</sup> TADALIS 20 [LR] | <sup>a</sup> Tadalca [CR]   |

## DERMATOLOGICALS

## ANTIPSORIATICS

### ANTIPSORIATICS FOR SYSTEMIC USE

*Psoralens for systemic use*

## METHOXSALEN

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** The maximum quantity and maximum number of repeats are based on the following treatment protocol: one day of treatment per week for six weeks, then every two weeks for 12 weeks, then monthly thereafter. This differs from the Product Information. Requests for increased maximum quantities/maximum repeats will not be considered.

#### Authority required (STREAMLINED)

**10988**

Erythrodermic stage III-IVa T4 M0 Cutaneous T-cell lymphoma

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this PBS indication, **AND**
- Patient must have demonstrated a response to treatment with this drug if treatment is continuing beyond 6 months of treatment for the first time, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; OR
- The treatment must be in combination with peginterferon alfa-2a only if used in combination with another drug, **AND**
- Patient must be receiving the medical service as described in item 14249 of the Medicare Benefits Schedule.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist.

A response, for the purposes of administering this continuing restriction, is defined as attaining a reduction of at least 50% in the overall skin lesion score from baseline, for at least 4 consecutive weeks. Refer to the Product Information for directions on calculating an overall skin lesion score. The definition of a clinically significant reduction in the Product Information differs to the 50% requirement for PBS-subsidy. Response only needs to be demonstrated after the first six months of treatment

#### methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials

| 12154Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.08          | 5           | ..         | *208.94 | Uvadex [TQ]                 |

## METHOXSALEN

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** The maximum quantity and maximum number of repeats are based on the following treatment protocol: one day of treatment per week for six weeks, then every two weeks for 12 weeks, then monthly thereafter. This differs from the Product Information. Requests for increased maximum quantities/maximum repeats will not be considered.

#### Authority required (STREAMLINED)

**10985**

Erythrodermic stage III-IVa T4 M0 Cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have experienced disease progression while on at least one systemic treatment for this PBS indication prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance necessitating permanent treatment withdrawal to at least one systemic treatment for this PBS indication prior to initiating treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication; OR
- The treatment must be in combination with peginterferon alfa-2a only if used in combination with another drug, **AND**
- Patient must be receiving the medical service as described in item 14247 of the Medicare Benefits Schedule, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this PBS indication.

#### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist.

#### **Population criteria:**

- Patient must be aged 18 years or over.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12156T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.17          | 6           | ..         | *417.88 | Uvadex [TQ]                 |

**■ METHOXSALEN**

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** Up to 2 additional repeats to that stated in this listing may be sought.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Authority required (STREAMLINED)****12531**

Chronic graft versus host disease

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have received, at anytime prior to this pharmaceutical benefit within the same treatment episode, both: (i) this drug subsidised through the Initial treatment listing, (ii) the extracorporeal photopheresis-MBS benefit for initial treatment, **AND**
- Patient must have demonstrated a response to initial treatment with this drug (administered as part of MBS-subsidised extracorporeal photopheresis treatment) obtained through this drug's 'Initial treatment' PBS-listing for the same treatment episode.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing concurrent treatment with extracorporeal photopheresis as described in the Medicare Benefits Schedule for this condition, **AND**
- Patient must not be undergoing re-treatment through this treatment phase immediately following a relapse - see 'Initial treatment' for resuming treatment following relapse.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12854M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.17          | ..          | ..         | *417.88 | Uvadex [TQ]                 |

**■ METHOXSALEN**

**Caution** This drug is for ex vivo administration and must not to be injected directly into the patient.

**Note** Current Medicare Benefits Schedule item numbers for extracorporeal photopheresis for the treatment of chronic graft-versus host disease are: 13761 and 13762.

**Note** A new treatment episode is considered to have begun when treatment with this drug/extracorporeal photopheresis follows a relapse of the condition. There is no limit on the number of new treatment cycles that may be commenced, but re-treatment following a relapse must not commence under 'Continuing treatment'.

**Note** A maximum quantity (vials) of 12 with 1 repeat prescription provides 24 doses of this drug. An additional 25<sup>th</sup> dose can be prescribed under this treatment phase by issuance of a further prescription made out for one vial with nil repeats. Alternatively, the 25<sup>th</sup> dose can be sought under the 'Continuing treatment' restriction. The 26<sup>th</sup> dose and onwards must be requested under the 'Continuing treatment' restriction.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)****12546**

Chronic graft versus host disease

Treatment Phase: Initial treatment in a treatment episode

**Clinical criteria:**

- The condition must be inadequately responsive to systemic corticosteroid treatment at a therapeutic dose, but has never been treated with this drug; OR
- The condition must have relapsed within 8 weeks of prior PBS-subsidised treatment with this drug administered via extracorporeal photopheresis; OR
- The condition must have relapsed with each of the following conditions being met: (i) prior PBS-subsidised treatment with this drug administered via extracorporeal photopheresis last occurred at least 8 weeks ago, (ii) a subsequent trial of systemic corticosteroids at therapeutic doses has been completed.

**Treatment criteria:**

- Patient must be undergoing treatment with this drug that is being administered within at least one of: (i) the first 12 weeks of a treatment episode, (ii) the first 25 doses (inclusive of the 25<sup>th</sup> dose) of a treatment episode, **AND**
- Must be treated by a haematologist; OR
- Must be treated by an oncologist with allogeneic bone marrow transplantation experience; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types, **AND**
- Patient must be undergoing treatment with this drug following allogeneic haematopoietic stem cell transplantation, **AND**
- Patient must be undergoing concurrent treatment with extracorporeal photopheresis as described in the Medicare Benefits Schedule for this condition.

**methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials**

| 12876Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 2507.28 | Uvadex [TQ]                 |

## OTHER DERMATOLOGICAL PREPARATIONS

### OTHER DERMATOLOGICAL PREPARATIONS

*Agents for dermatitis, excluding corticosteroids*

#### ■ DUPILUMAB

##### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

##### (1) Initial treatment:

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or

(ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or

(iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

##### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

##### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

##### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

##### (5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at

least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,  
OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

A swapping between 200 mg and 300 mg strengths is not permitted as the respective strengths are PBS approved for different patient cohorts.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Uncontrolled severe asthma adolescent and adult continuing PBS authority application form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.



**dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes**

| 12302L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1609.86 | Dupixent [SW]               |

**dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes**

| 12318H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1609.86 | Dupixent [SW]               |

**■ DUPILUMAB****Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a

treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment 1 - (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have been receiving regular maintenance oral corticosteroids (OCS) in the last 6 months with a stable daily OCS dose of 5 to 35 mg/day of prednisolone or equivalent over the 4 weeks prior to treatment initiation, **AND**
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months; OR
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, that is no more than 1 year old, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids as outlined in the clinical criteria.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break..

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 600 mg as an initial dose, followed by 300 mg every 2 weeks thereafter.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; or
  - (iv) the IgE result; and
  - (v) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have each of: i) total serum human immunoglobulin E greater than or equal to 30 IU/mL measured no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, ii) past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the past 12 months or in the 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must have received regular maintenance oral corticosteroids (OCS) in the last 6 months with a stable daily OCS dose of 5 to 35 mg/day of prednisolone or equivalent over the 4 weeks prior to treatment initiation, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and

(b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) eosinophil count and date; and
- (iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); or
- (v) the IgE results; and
- (vi) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment at around 28 weeks, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy at a dose of 600 mg as an initial dose, followed by 300 mg every 2 weeks thereafter.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

#### dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes

| 12293B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 8           | ..         | 1609.86 | Dupixent [SW]               |

### ■ DUPILUMAB

#### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to

ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment 1 - (New patient; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**

- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months; OR
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL with past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

**Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 400 mg as an initial dose, followed by 200 mg every 2 weeks thereafter.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe asthma - adolescent and adult initial PBS authority application form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; or
  - (iv) the IgE result; and
  - (v) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a total serum human immunoglobulin E greater than or equal to 30 IU/mL with a past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

**Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Uncontrolled severe asthma - adolescent and adult initial PBS authority application form, which includes the following:

(i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and

(iii) eosinophil count and date; and

(iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); or

(v) the IgE results; and

(vi) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment at around 28 weeks, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request up to 8 repeats to provide for an initial course of dupilumab sufficient for up to 32 weeks of therapy, at a dose of 400 mg as an initial dose, followed by 200 mg every 2 weeks thereafter.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

**dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes**

| 12309W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 8           | ..         | 1609.86 | Dupixent [SW]               |

**SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS**
**PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES**
**ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES**
*Other anterior pituitary lobe hormones and analogues*
**PEGVISOMANT**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)  
Applications for authority to prescribe should be forwarded to:  
Department of Human Services  
Complex Drugs Programs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Acromegaly

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue.

Somatostatin analogues include octreotide, lanreotide and pasireotide

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:

- 1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR
- 2) IGF-1 level is greater than the age- and sex-adjusted ULN.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

Two completed authority prescriptions should be submitted with the initial application for this drug. One prescription should be for the loading dose of 80 mg for a quantity of 4 vials of 20 mg with no repeats. The second prescription should be for subsequent doses, starting from 10 mg daily, and allowing dose adjustments in increments of 5 mg based on serum IGF-1 levels measured every 4 to 6 weeks in order to maintain the serum IGF-1 level within the age-adjusted normal range based on the dosage recommendations in the TGA-approved Product Information.

The authority application must be made in writing and must include:

- a) two completed authority prescription forms ; and
- b) a completed Acromegaly Pegvisomant initial PBS Authority Application - Supporting Information Form; and
- c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy, the date and result of IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy; and
- d) a recent result of the IGF-1 level and the date of assessment ; and
- e) demonstration of failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide

No increase in the maximum quantity or number of units may be authorised for the loading dose.

**pegvisomant 20 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack**

| 11177G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 4             | ..          | ..         | *557.16 | Somavert [PF]               |

**■ PEGVISOMANT****Note** No increase in the maximum number of repeats may be authorised.**Note** Special Pricing Arrangements apply.**Authority required**

Acromegaly

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue.

Somatostatin analogues include octreotide, lanreotide and pasireotide

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:



1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR

2) IGF-1 level is greater than the age- and sex-adjusted ULN.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

Two completed authority prescriptions should be submitted with the initial application for this drug. One prescription should be for the loading dose of 80 mg for a quantity of 4 vials of 20 mg with no repeats. The second prescription should be for subsequent doses, starting from 10 mg daily, and allowing dose adjustments in increments of 5 mg based on serum IGF-1 levels measured every 4 to 6 weeks in order to maintain the serum IGF-1 level within the age-adjusted normal range based on the dosage recommendations in the TGA-approved Product Information.

The authority application must be made in writing and must include:

a) two completed authority prescription forms ; and

b) a completed Acromegaly Pegvisomant initial PBS Authority Application - Supporting Information Form; and

c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy, the date and result of IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy; and

d) a recent result of the IGF-1 level and the date of assessment ; and

e) demonstration of failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide

No increase in the maximum quantity or number of units may be authorised for the loading dose.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs Programs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Acromegaly

Treatment Phase: Continuing treatment

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with a PBS-subsidised somatostatin analogue, **AND**
- The treatment must cease if IGF-1 is not lower after 3 months of pegvisomant treatment at the maximum tolerated dose. Somatostatin analogues include octreotide, lanreotide and pasireotide

In a patient treated with radiotherapy, pegvisomant should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pegvisomant should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1).

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of IGF-1 level taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of application.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### pegvisomant 10 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11179J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4178.57 | Somavert [PF]               |

#### pegvisomant 15 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11173C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4178.57 | Somavert [PF]               |

#### pegvisomant 20 mg injection [30 vials] (&) inert substance diluent [30 syringes], 1 pack

| 11181L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 4178.57 | Somavert [PF]               |

## HYPOTHALAMIC HORMONES

### Somatostatin and analogues

## ■ LANREOTIDE

**Authority required (STREAMLINED)****7025**

Acromegaly

**Clinical criteria:**

- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**
- The treatment must be after failure of other therapy including dopamine agonists; OR
- The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
- The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
- The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
- The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

**Authority required (STREAMLINED)****4575**

Functional carcinoid tumour

**Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe**

| 5779E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *3638.88 | Somatuline Autogel [IS]     |

**lanreotide 60 mg/0.5 mL injection, 0.5 mL syringe**

| 5777C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2184.96 | Somatuline Autogel [IS]     |

**lanreotide 90 mg/0.5 mL injection, 0.5 mL syringe**

| 5778D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2907.86 | Somatuline Autogel [IS]     |

## ■ LANREOTIDE

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)****10061**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

**Clinical criteria:**

- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

**lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe**

| 11513Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *3638.88 | Somatuline Autogel [IS]     |

## ■ OCTREOTIDE

**Authority required (STREAMLINED)****8161**

Acromegaly

**Clinical criteria:**

- The condition must be controlled with octreotide immediate release injections, **AND**
  - The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
  - The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
  - The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition.
- In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

**Authority required (STREAMLINED)**
**5901**

Functional carcinoid tumour

**Clinical criteria:**

- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**Authority required (STREAMLINED)**
**5906**

Vasoactive intestinal peptide secreting tumour (VIPoma)

**Clinical criteria:**

- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

**octreotide 10 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10543X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *2613.72 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**octreotide 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10533J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *3479.62 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10550G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *3998.62 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**■ OCTREOTIDE**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**
**10061**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

**Clinical criteria:**

- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must be aged 18 years or older.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

**octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 11893Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *3998.62 | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

**■ OCTREOTIDE**
**Authority required (STREAMLINED)**
**8165**

Acromegaly

**Clinical criteria:**

- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**

- The treatment must be after failure of other therapy including dopamine agonists; OR
  - The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
  - The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
  - The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks, **AND**
  - The treatment must cease if IGF1 is not lower after 3 months of treatment at a dose of 100 micrograms 3 time daily, **AND**
  - The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition.
- In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

#### **Authority required (STREAMLINED)**

#### **6390**

Functional carcinoid tumour

#### **Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

#### **Authority required (STREAMLINED)**

#### **6369**

Vasoactive intestinal peptide secreting tumour (VIPoma)

#### **Clinical criteria:**

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

#### **octreotide 50 microgram/mL injection, 5 x 1 mL ampoules**

| 9508K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                              |
|-------|---------------|-------------|------------|---------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *619.02 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.05 [NV] |

#### **octreotide 100 microgram/mL injection, 5 x 1 mL ampoules**

| 9509L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                             |
|-------|---------------|-------------|------------|----------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *1236.42 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.1 [NV] |

#### **octreotide 500 microgram/mL injection, 5 x 1 mL ampoules**

| 9510M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                           | Brand Name and Manufacturer                                             |
|-------|---------------|-------------|------------|----------|-----------------------------------------------------------------------|-------------------------------------------------------------------------|
|       | 18            | 11          | ..         | *6194.52 | <sup>a</sup> Octreotide GH [HQ]<br><sup>a</sup> Octreotide (SUN) [RA] | <sup>a</sup> Octreotide MaxRx [GQ]<br><sup>a</sup> Sandostatin 0.5 [NV] |

### **■ PASIREOTIDE EMBONATE**

**Caution** Careful monitoring of patients is mandatory due to high risk of developing hyperglycaemia

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Acromegaly

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a mean growth hormone (GH) level greater than 1 microgram per litre or 3 mIU/L; OR
- Patient must have an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) concentration greater than the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

#### **Population criteria:**

- Patient must be aged 18 years or older.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment developed during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Failure to achieve biochemical control after completion of a prior therapy with either octreotide or lanreotide is defined as:

- 1) Growth hormone level greater than 1 mcg/L or 3 mIU/L; OR
- 2) IGF-1 level is greater than the age- and sex-adjusted ULN.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

- 1) Growth hormone (GH) levels of less than 1 mcg/L or 3 mIU/L; OR
- 2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

The authority application must be made in writing and must include:

- a) a completed authority prescription form; and
- b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and
- c) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; the date and result of GH or IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided; and
- d) a recent result of GH or IGF-1 levels must be provided.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Acromegaly

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

#### **Population criteria:**

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

- 1) Growth hormone (GH) levels of less than 1 mcg/L or 3 mIU/L; OR
- 2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy and the GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of approval.

**Note** Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Written applications for authorisation under this criterion should be forwarded to:

Department of Human Services  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **pasireotide (as embonate) 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10886Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *7410.00 | Signifor LAR [RJ]           |

#### **pasireotide (as embonate) 40 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

| 10883T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 5           | ..         | *7410.00 | Signifor LAR [RJ]           |

# SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

**pasireotide (as embonate) 60 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| 10882R | 2             | 5           | ..         | *7410.00 | Signifor LAR [RJ]           |

## ■ CALCIUM HOMEOSTASIS

### ANTI-PARATHYROID AGENTS

*Other anti-parathyroid agents*

## ■ CINACALCET

**Note** "Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

#### Authority required (STREAMLINED)

**10067**

Secondary hyperparathyroidism

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a nephrologist.

#### **Clinical criteria:**

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

During the maintenance phase, iPTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

During the maintenance phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment up to a maximum of 6 months supply, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

#### **cinacalcet 30 mg tablet, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
| 11887P | 2             | 5           | ..         | *64.64  | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 60 mg tablet, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
| 11886N | 2             | 5           | ..         | *129.28 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 90 mg tablet, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
| 11885M | 2             | 5           | ..         | *193.92 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

## ■ CINACALCET

**Note** "Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

#### Authority required

Secondary hyperparathyroidism

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a nephrologist.

#### **Clinical criteria:**

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have failed to respond to conventional therapy, **AND**
- Patient must have sustained hyperparathyroidism with iPTH of at least 50 pmol per L; OR
- Patient must have sustained hyperparathyroidism with iPTH of at least 15 pmol per L and less than 50 pmol per L and an (adjusted) serum calcium concentration at least 2.6 mmol per L.

During the titration phase, intact PTH (iPTH) should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved.

During the titration phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

#### **cinacalcet 30 mg tablet, 28**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
| 5621W | 2             | 5           | ..         | *64.64  | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

#### **cinacalcet 60 mg tablet, 28**

|       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
| 5622X | 2             | 5           | ..         | *129.28 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

**cinacalcet 90 mg tablet, 28**

| 5623Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *193.92 | <sup>a</sup> Cinacalcet Mylan [AF] | <sup>a</sup> Pharmacor Cinacalcet [CR] |

■ **ANTIINFECTIVES FOR SYSTEMIC USE**■ **ANTIBACTERIALS FOR SYSTEMIC USE****MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS***Macrolides*■ **AZITHROMYCIN**Authority required (STREAMLINED)**6356**

Mycobacterium avium complex infection

**Clinical criteria:**

- The treatment must be for prophylaxis, **AND**
- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

**azithromycin 600 mg tablet, 8**

| 5616N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *110.76 | Zithromax [PF]              |

NP

■ **ANTIMYCOBACTERIALS****DRUGS FOR TREATMENT OF TUBERCULOSIS***Antibiotics*■ **RIFABUTIN**Authority required (STREAMLINED)**6350**

Mycobacterium avium complex infection

**Clinical criteria:**

- Patient must be human immunodeficiency virus (HIV) positive.

Authority required (STREAMLINED)**6356**

Mycobacterium avium complex infection

**Clinical criteria:**

- The treatment must be for prophylaxis, **AND**
- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

**rifabutin 150 mg capsule, 30**

| 9541E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 5           | ..         | *525.84 | Mycobutin [PF]              |

NP

■ **ANTIVIRALS FOR SYSTEMIC USE****DIRECT ACTING ANTIVIRALS***Nucleosides and nucleotides excl. reverse transcriptase inhibitors*■ **GANCICLOVIR**Authority required (STREAMLINED)**4972**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

- Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.

Authority required (STREAMLINED)**4999**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

- Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

## ganciclovir 500 mg injection, 5 vials

| 5749N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------------|
|       | 2             | 1           | ..         | *232.18 | <sup>a</sup> Cymevene [PB]  | <sup>a</sup> GANCICLOVIR SXP [XC] |

## ■ VALACICLOVIR

### Authority required (STREAMLINED)

5975

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

### Clinical criteria:

- Patient must have undergone a renal transplant, **AND**
- Patient must be at risk of cytomegalovirus disease.

## valaciclovir 500 mg tablet, 100

| 9568N | Max.Qty Packs | No. of Rpts | Premium \$         | DPMQ \$ | Brand Name and Manufacturer                                              | Brand Name and Manufacturer           |
|-------|---------------|-------------|--------------------|---------|--------------------------------------------------------------------------|---------------------------------------|
|       | 5             | 2           | ..                 | *221.00 | <sup>a</sup> APX-Valaciclovir [TY]<br><sup>a</sup> Valaciclovir RBX [RA] | <sup>a</sup> Valaciclovir APOTEX [GX] |
|       |               |             | <sup>B</sup> 14.90 | *235.90 | <sup>a</sup> Valtrex [RW]                                                |                                       |

## ■ VALGANCICLOVIR

### Authority required (STREAMLINED)

4989

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

### Clinical criteria:

- Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

## valganciclovir 50 mg/mL powder for oral liquid, 100 mL

| 9655E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 11            | 5           | ..         | *4346.10 | Valcyte [RO]                |

## valganciclovir 450 mg tablet, 60

| 9569P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                        | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------|----------------------------------------|
|       | 2             | 5           | ..         | *1095.54 | <sup>a</sup> VALGANCICLOVIR HETERO [GG]<br><sup>a</sup> Valganciclovir Sandoz [SZ] | <sup>a</sup> Valganciclovir Mylan [AF] |

## Antivirals for treatment of HCV infections

## ■ GLECAPREVIR + PIBRENTASVIR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

### Authority required

Chronic hepatitis C infection

### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

## glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

| 11332K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 1           | ..         | 17733.34 | Maviret [VE]                |

NP

## ■ GLECAPREVIR + PIBRENTASVIR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

### Authority required

Chronic hepatitis C infection

### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
  - Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
  - The treatment must be limited to a maximum duration of 16 weeks.
- The application must include details of the prior treatment regimen containing an NS5A inhibitor.



**glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84**

| 11333L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 3           | ..         | 17733.34 | Maviret [VE]                |

**▪ GLECAPREVIR + PIBRENTASVIR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

**glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84**

| 11345D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 17733.34 | Maviret [VE]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

**ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28**

| 10661D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 11875.00 | Harvoni [GI]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

**ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28**

| 10667K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 1           | ..         | 11875.00 | Harvoni [GI]                |

**▪ LEDIPASVIR + SOFOSBUVIR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

| 10669M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 5           | ..         | 11875.00 | Harvoni [GI]                |

### ■ RIBAVIRIN

**Caution** Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

#### Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

### ribavirin 200 mg tablet, 100

| 12786Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
| NP     | 2             | 2           | ..         | *950.00 | Ibavir [IX]                 |

### ■ SOFOSBUVIR + VELPATASVIR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

### sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

| 11145N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 12500.00 | Epclusa [GI]                |

### ■ SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

#### Authority required

Chronic hepatitis C infection

#### Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

### sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

| 11665Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
| NP     | 1             | 2           | ..         | 12500.00 | Vosevi [GI]                 |

## ■ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

## ■ ANTINEOPLASTIC AGENTS

### ANTIMETABOLITES

#### *Pyrimidine analogues*

## ■ AZACITIDINE

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

### Authority required

Acute Myeloid Leukaemia

### Clinical criteria:

- The treatment must be used in combination with venetoclax (refer to Product Information for timing of azacitidine and venetoclax doses).

### azacitidine 100 mg injection, 1 vial

| 12771E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|--------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|        | 14            | 2           | ..         | *1345.96 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |

## ■ AZACITIDINE

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

### Clinical criteria:

- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
  - The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS).
- Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:
- 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
  - 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
  - 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
  - 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
  - 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
  - Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

- 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
- 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The first authority application must be made in writing and must include:

- a completed authority prescription form; and
- a completed Azacitidine PBS Authority Application - Supporting Information Form; and
- a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and
- a copy of the full blood examination report; and
- a copy of the pathology report detailing the cytogenetics demonstrating intermediate-2 or high risk disease according to the International Prognostic Scoring System (IPSS); and
- a signed patient acknowledgment form.

No more than 3 cycles will be authorised.

### Authority required

Chronic Myelomonocytic Leukaemia

Treatment Phase: Initial treatment

### Clinical criteria:

- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder. The first authority application must be made in writing and must include:
  - (a) a completed authority prescription form; and
  - (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
  - (c) a copy of the bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia ; and
  - (d) a copy of the full blood examination report; and
  - (e) a signed patient acknowledgement.

No more than 3 cycles will be authorised.

#### **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
- (c) a copy of the bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and
- (d) a copy of the full blood examination report; and
- (e) a signed patient acknowledgement.

No more than 3 cycles will be authorised.

### **azacitidine 100 mg injection, 1 vial**

| 9597D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|       | 14            | 2           | ..         | *1345.96 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |

## **■ AZACITIDINE**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
- The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS), **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

#### **Authority required**

Chronic Myelomonocytic Leukaemia

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

#### **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

Applications for continuing therapy may be made by telephone.

Up to 6 cycles will be authorised.

### **azacitidine 100 mg injection, 1 vial**

| 9598E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                      | Brand Name and Manufacturer                                                                                |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|       | 14            | 5           | ..         | *1345.96 | <sup>a</sup> Azacitidine Accord [OC]<br><sup>a</sup> Azacitidine Juno [JO]<br><sup>a</sup> Azacitidine-Teva [TB] | <sup>a</sup> AZACITIDINE DR.REDDY'S [RI]<br><sup>a</sup> Azacitidine MSN [JU]<br><sup>a</sup> Azadine [RZ] |

# CYTOTOXIC ANTIBIOTICS AND RELATED SUBSTANCES

## Anthracyclines and related substances

### DOXORUBICIN HYDROCHLORIDE (AS PEGYLATED LIPOSOMAL)

#### Authority required (STREAMLINED)

6234

Kaposi sarcoma

#### Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive mucocutaneous involvement.

#### Authority required (STREAMLINED)

6274

Kaposi sarcoma

#### Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive visceral involvement.

### doxorubicin hydrochloride (as pegylated liposomal) 20 mg/10 mL injection, 10 mL vial

| 5705G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer                 |
|-------|---------------|-------------|------------|---------|-----------------------------|---------------------------------------------|
| NP    | 4             | 5           | ..         | *893.76 | <sup>a</sup> Caelyx [BX]    | <sup>a</sup> Liposomal Doxorubicin SUN [RA] |

# PROTEIN KINASE INHIBITORS

## Other protein kinase inhibitors

### MIDOSTAURIN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### Authority required

Acute Myeloid Leukaemia

Treatment Phase: Maintenance therapy - Continuing treatment

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the initial maintenance treatment restriction, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not be undergoing or have undergone a stem cell transplant.

A maximum of 9 cycles will be authorised under this restriction in a lifetime.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;
- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

### midostaurin 25 mg capsule, 112

| 11505M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 20413.00 | Rydapt [NV]                 |

### MIDOSTAURIN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Maintenance therapy - Initial treatment

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated complete remission after induction and consolidation chemotherapy in combination with midostaurin, **AND**
- Patient must not be undergoing or have undergone a stem cell transplant, **AND**
- The condition must have been internal tandem duplication (ITD) or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition.

A maximum of 3 cycles will be authorised under this restriction in a lifetime.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;
- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

## **midostaurin 25 mg capsule, 112**

| 11552B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 20413.00 | Rydapt [NV]                 |

## ■ MIDOSTAURIN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Acute Myeloid Leukaemia

Treatment Phase: Induction / Consolidation therapy

## **Clinical criteria:**

- Patient must not have received prior chemotherapy as induction therapy for this condition; OR
- The treatment must be for consolidation treatment following induction treatment with midostaurin in combination with chemotherapy, **AND**
- The condition must be internal tandem duplication (ITD) or tyrosine kinase domain (TKD) FMS tyrosine kinase 3 (FLT3) mutation positive before initiating this drug for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia, **AND**
- The treatment must be in combination with standard intensive remission induction or consolidation chemotherapy for this condition.

A maximum of 6 cycles will be authorised under this restriction in a lifetime.

Standard intensive remission induction combination chemotherapy must include cytarabine and an anthracycline.

The FLT3 ITD or TKD mutation test result and date of testing must be provided at the time of application.

This drug is not PBS-subsidised if it is prescribed to an in-patient in a public hospital setting.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

Progressive disease is defined as the presence of any of the following:

- Leukaemic cells in the CSF;

- Re-appearance of circulating blast cells in the peripheral blood, not attributable to overshoot following recovery from myeloablative therapy;
- Greater than 5 % blasts in the marrow not attributable to bone marrow regeneration or another cause;
- Extramedullary leukaemia.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

### midostaurin 25 mg capsule, 56

| 11553C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 10206.50 | Rydapt [NV]                 |

## MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES

### CD20 (Clusters of Differentiation 20) inhibitors

#### ■ RITUXIMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.  
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).  
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

#### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 12739L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 339.80  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

### ■ RITUXIMAB

#### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24



months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Abatacept patients:**

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

**Infliximab subcutaneous form only:**

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

**Rituximab patients:**

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

**(b) Continuing treatment.**

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

**Adalimumab and Infliximab only:**

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

**Infliximab patients:**

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

**Rituximab patients:**

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

**(2) Swapping therapy**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### Authority required (STREAMLINED)

**9446**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 11805H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 2             | 1           | ..         | *679.60 | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

#### ■ RITUXIMAB

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

#### Authority required (STREAMLINED)

**9336**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

#### Authority required (STREAMLINED)

**9539**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

#### rituximab 500 mg/50 mL injection, 50 mL vial

| 11800C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|--------------------------------------------------------|-----------------------------|
|        | 4             | ..          | ..         | *1359.20 | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

#### ■ RITUXIMAB

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

#### **Authority required (STREAMLINED)**

**9336**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

#### **Authority required (STREAMLINED)**

**9539**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

#### **rituximab 100 mg/10 mL injection, 2 x 10 mL vials**

| 11813R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 3             | ..          | ..         | *407.76 | <sup>a</sup> Riximyo [SZ]   | <sup>a</sup> Truxima [EW]   |

#### **▪ RITUXIMAB**

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

#### **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

#### **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

#### **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

#### **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**

- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## rituximab 500 mg/50 mL injection, 50 mL vial

| 10593M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 339.80  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

## ▪ RITUXIMAB

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

### **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

### **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further

information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)). Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

## **Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

## **Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

## **Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

## **Clinical criteria:**

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

The authority application must be made in writing

## **rituximab 100 mg/10 mL injection, 2 x 10 mL vials**

| 10591K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 1             | ..          | ..         | 135.92  | <sup>a</sup> Riximyo [SZ]   | <sup>a</sup> Truxima [EW]   |

## **▪ RITUXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,

- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and  
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy



Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20

mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must have failed to respond to at least 1 PBS-subsidised tumour necrosis factor (TNF) alfa antagonist for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient whose most recent course of PBS-subsidised therapy was with this drug and whose response to this treatment is demonstrated at 12 weeks, may apply for a further course of this drug under the First continuing treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient fails to demonstrate a response to this drug and who qualifies to trial an alternate biological medicine according to the interchangeability arrangements for biological medicines for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 2 infusions of this drug under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this drug provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with this drug. The demonstration of response must be submitted within 4 weeks of assessment.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

### rituximab 500 mg/50 mL injection, 50 mL vial

| 9544H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                            | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|--------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 339.80  | <sup>a</sup> Riximyo [SZ]<br><sup>a</sup> Truxima [EW] | <sup>a</sup> Ruxience [PF]  |

## OTHER ANTINEOPLASTIC AGENTS

### Monoclonal antibodies

#### ■ RITUXIMAB

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

#### Authority required (STREAMLINED)

##### 9336

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

#### Authority required (STREAMLINED)

##### 9539

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

#### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
- Patient must have previously received and responded to this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance therapy.

**rituximab 100 mg/10 mL injection, 10 mL vial**

| 13001G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | ..          | ..         | *407.76 | <sup>a</sup> Ruxience [PF]  |

▪ **RITUXIMAB**

**Note** Pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 2 x 10 mL vials and pharmaceutical benefits that have the form rituximab 100 mg/10 mL injection, 10 mL vial are equivalent for the purposes of substitution.

**Note** Risk of end-organ damage or mortality includes a minimum of one of the following: Glomerulonephritis with risk of progression

- Risk to sight including scleritis/episcleritis, sudden visual loss, uveitis, retinal changes (vasculitis/thrombosis/exudates/haemorrhage)
- Bronchial/subglottic obstruction
- Pulmonary haemorrhage
- Parenchymal lung disease
- Sensory neural hearing loss
- Recurrent sinonasal disease requiring recurrent surgical interventions
- Meningitis, organic confusion, seizures, stroke, cord lesion, cranial nerve palsy, sensory peripheral neuropathy, motor mononeuritis multiplex

**Note** Patients could be considered contraindicated, refractory, or unable to tolerate cyclophosphamide for one of the following reasons: Cyclophosphamide is contraindicated as per the TGA approved Product Information;

- Cyclophosphamide is not recommended due to the need to preserve gonad function;
- Patient experiences severe toxicity to cyclophosphamide that warrants cessation of treatment;
- Patient has life- or organ-threatening deterioration at any time during treatment with cyclophosphamide, where the deterioration is thought to be due to severe uncontrolled active vasculitis;
- Commencing a further treatment cycle with cyclophosphamide would exceed the maximum cumulative dose of cyclophosphamide of 25g; or
- Patient's condition with this indication is persistent despite at least 3 months therapy with cyclophosphamide.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment.

**Authority required**

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Induction of remission

**Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
- Patient must not have previously received this drug for this condition, **AND**
- The treatment must in combination with glucocorticoids, **AND**
- Patient must be at risk of end-organ damage or mortality, **AND**
- Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.

Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.

This drug is not PBS-subsidised for maintenance of remission

The authority application must be made in writing

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Authority required**

Severe active microscopic polyangiitis

Treatment Phase: Induction of remission

**Clinical criteria:**

- The treatment must be for the induction of remission, **AND**
  - Patient must not have previously received this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance therapy.
- The authority application must be made in writing

## Note Biosimilar prescribing policy

Prescribing of the biosimilar brand, Riximyo or Truxima, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)). Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

### Authority required

Severe active granulomatosis with polyangiitis (Wegeners granulomatosis)

Treatment Phase: Re-induction of remission

### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
  - Patient must have previously received and responded to this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance of remission
- The authority application must be made in writing

### Authority required

Severe active microscopic polyangiitis

Treatment Phase: Re-induction of remission

### Clinical criteria:

- The treatment must be for the re-induction of remission, **AND**
  - Patient must have previously received and responded to this drug for this condition, **AND**
  - The treatment must in combination with glucocorticoids, **AND**
  - Patient must be at risk of end-organ damage or mortality, **AND**
  - Patient must be contraindicated, refractory or unable to tolerate cyclophosphamide.
- Diagnosis should be made according to the Chapel Hill Consensus Conference Nomenclature of the Vasculitides with anti-neutrophil cytoplasmic antibody (ANCA) positive serology.
- This drug is not PBS-subsidised for maintenance therapy.
- The authority application must be made in writing

## rituximab 100 mg/10 mL injection, 10 mL vial

| 12997C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *135.92 | <sup>a</sup> Ruxience [PF]  |

## ■ IMMUNOSTIMULANTS

### IMMUNOSTIMULANTS

#### Colony stimulating factors

## ■ FILGRASTIM

### Authority required (STREAMLINED)

7822

Chemotherapy-induced neutropenia

### Clinical criteria:

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

### Authority required (STREAMLINED)

7843

Chemotherapy-induced neutropenia

### Clinical criteria:

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.



**Authority required (STREAMLINED)**

**6653**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

**Authority required (STREAMLINED)**

**6654**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

**Authority required (STREAMLINED)**

**6679**

Assisting bone marrow transplantation

**Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

**Authority required (STREAMLINED)**

**6655**

Assisting autologous peripheral blood progenitor cell transplantation

**Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

**Authority required (STREAMLINED)**

**6680**

Severe congenital neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

**Authority required (STREAMLINED)**

**6621**

Severe chronic neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**Authority required (STREAMLINED)**

**6640**

Chronic cyclical neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 120 microgram/0.2 mL injection, 10 x 0.2 mL syringes**

| 5829T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 11          | ..         | *247.68 | Nivestim [PF]               |

▪ **FILGRASTIM**

**Note** Pharmaceutical benefits that have the forms filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes and filgrastim 300 microgram/0.5 mL injection, 5 x 0.5 mL syringes and filgrastim 300 microgram/mL injection, 10 x 1 mL vials are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**7822**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**

**7843**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**6653**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

**Authority required (STREAMLINED)**
**6654**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

**Authority required (STREAMLINED)**
**6679**

Assisting bone marrow transplantation

**Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

**Authority required (STREAMLINED)**
**6655**

Assisting autologous peripheral blood progenitor cell transplantation

**Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

**Authority required (STREAMLINED)**
**6680**

Severe congenital neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

**Authority required (STREAMLINED)**
**6621**

Severe chronic neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**Authority required (STREAMLINED)**
**6640**

Chronic cyclical neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes**

| 5742F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 11          | ..         | *345.08 | <sup>a</sup> Neupogen [AN]  | <sup>a</sup> Nivestim [PF]  |

**filgrastim 300 microgram/mL injection, 10 x 1 mL vials**

| 5741E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 11          | ..         | *619.20 | <sup>a</sup> Neupogen [AN]  |

**filgrastim 300 microgram/0.5 mL injection, 5 x 0.5 mL syringes**

| 2758E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 11          | ..         | *345.08 | <sup>a</sup> Zarzio [SZ]    |

■ **FILGRASTIM**

**Note** Pharmaceutical benefits that have the forms filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes and filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials and filgrastim 480 microgram/0.5 mL injection, 5 x 0.5 mL syringes are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**7822**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**

**7843**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**

**6653**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be to facilitate harvest of peripheral blood progenitor cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy.

**Authority required (STREAMLINED)**

**6654**

Mobilisation of peripheral blood progenitor cells

**Clinical criteria:**

- The treatment must be in a normal volunteer for use in allogeneic transplantation.

**Authority required (STREAMLINED)**

**6679**

Assisting bone marrow transplantation

**Clinical criteria:**

- Patient must be receiving marrow-ablative chemotherapy prior to the transplantation.

**Authority required (STREAMLINED)**

**6655**

Assisting autologous peripheral blood progenitor cell transplantation

**Clinical criteria:**

- The treatment must be following marrow-ablative chemotherapy for non-myeloid malignancy prior to the transplantation.

**Authority required (STREAMLINED)**

**6680**

Severe congenital neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, **AND**
- Patient must have had a bone marrow examination that has shown evidence of maturational arrest of the neutrophil lineage.

**Authority required (STREAMLINED)**

**6621**

Severe chronic neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart; OR
- Patient must have neutrophil dysfunction, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**Authority required (STREAMLINED)**

**6640**

Chronic cyclical neutropenia

**Clinical criteria:**

- Patient must have an absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, **AND**
- Patient must have experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics; OR
- Patient must have had at least 3 recurrent clinically significant infections in the previous 12 months.

**filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes**

| 5744H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 11          | ..         | *553.16 | <sup>a</sup> Neupogen [AN]  | <sup>a</sup> Nivestim [PF]  |

**filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials**

| 5743G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 11          | ..         | *553.18 | <sup>a</sup> Neupogen [AN]  |

**filgrastim 480 microgram/0.5 mL injection, 5 x 0.5 mL syringes**

| 2783L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 11          | ..         | *553.16 | <sup>a</sup> Zarzio [SZ]    |

**■ LIPEGFILGRASTIM**
**Authority required (STREAMLINED)**
**7822**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**7843**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**lipegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe**

| 10936N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 11          | ..         | 1116.25 | Lonquex [TB]                |

**■ PEGFILGRASTIM**
**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Pelgraz or Ziextenzo is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Authority required (STREAMLINED)**
**7822**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must be at greater than 20% risk of developing febrile neutropenia; OR
- Patient must be at substantial risk (greater than 20%) of prolonged severe neutropenia for more than or equal to seven days.

**Authority required (STREAMLINED)**
**7843**

Chemotherapy-induced neutropenia

**Clinical criteria:**

- Patient must be receiving chemotherapy with the intention of achieving a cure or a substantial remission, **AND**
- Patient must have had a prior episode of febrile neutropenia; OR
- Patient must have had a prior episode of prolonged severe neutropenia for more than or equal to seven days.

**pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe**

| 9514R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                              | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------------------------------------------------------|-----------------------------|
|       | 1             | 11          | ..         | 178.18  | <sup>a</sup> Pelgraz [OC]<br><sup>a</sup> Ziextenzo [SZ] | <sup>a</sup> Ristempa [JO]  |

**Interferons**
**■ INTERFERON GAMMA-1B**
**Authority required (STREAMLINED)**
**6222**

Chronic granulomatous disease

**Clinical criteria:**

- Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.

**interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials**

| 5769P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 11          | ..         | *2210.80 | Imukin [LM]                 |

▪ **PEGINTERFERON ALFA-2A**

**Caution** Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Note** Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24-hour access by patients to medical advice; and
- (c) an established liver clinic.

**Authority required (STREAMLINED)**

**5004**

Chronic hepatitis C infection

**Treatment criteria:**

- Must be treated in an accredited treatment centre.

**Population criteria:**

- Patient must be aged 18 years or older, **AND**
- Patient must not be pregnant or breastfeeding, and must be using an effective form of contraception if female and of child-bearing age.

**Clinical criteria:**

- Patient must have compensated liver disease, **AND**
- Patient must not have received prior interferon alfa or peginterferon alfa treatment for hepatitis C, **AND**
- Patient must have a contraindication to ribavirin, **AND**
- The treatment must cease unless the results of an HCV RNA quantitative assay at week 12 (performed at the same laboratory using the same test) show that plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop, **AND**
- The treatment must be limited to a maximum duration of 48 weeks.

Evidence of chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive) must be documented in the patient's medical records.

**peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 9515T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1052.24 | Pegasys [XO]                |

**peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 9516W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1218.58 | Pegasys [XO]                |

*Other immunostimulants*

▪ **PLERIXAFOR**

**Note** Special Pricing Arrangements apply.

**Note** Applications for increased maximum quantities will only be authorised for patients with body weight greater than 100 kg.

**Authority required (STREAMLINED)**

**4549**

Mobilisation of haematopoietic stem cells

**Clinical criteria:**

- The treatment must be in combination with granulocyte-colony stimulating factor (G-CSF), **AND**
- Patient must have lymphoma; OR
- Patient must have multiple myeloma, **AND**
- Patient must require autologous stem cell transplantation, **AND**
- Patient must have failed previous stem cell collection; OR
- Patient must be undergoing chemotherapy plus G-CSF mobilisation and their peripheral blood CD34+ count is less than 10,000 per millilitre or less than 10 million per litre on the day of planned collection; OR
- Patient must be undergoing chemotherapy plus G-CSF mobilisation and the first apheresis has yielded less than 1 million CD34+ cells/kg.

Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.

**plerixafor 24 mg/1.2 mL injection, 1.2 mL vial**

| 10083Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 6641.45 | Mozobil [GZ]                |

## ■ IMMUNOSUPPRESSANTS

### IMMUNOSUPPRESSANTS

#### *Selective immunosuppressants*

## ■ ABATACEPT

### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

**AND** either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 5 repeats will be authorised.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

- Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.  
This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).
- Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - Balance of Supply

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) restriction to complete 24 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## abatacept 250 mg injection, 1 vial

| 12756J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 266.34  | Orencia [BQ]                |

## ABATACEPT

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or



(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of

rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

- (a) a total active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth). The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number

of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).  
Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **abatacept 250 mg injection, 1 vial**

| 5605B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 266.34  | Orencia [BQ]                |

#### **■ ALEMTUZUMAB**

**Note** Neurologists prescribing PBS-subsidised alemtuzumab must be registered with the Lemtrada monitoring program.

**Note** Special Pricing Arrangements apply.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

#### **Authority required (STREAMLINED)**

**6847**

Multiple sclerosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

#### **Treatment criteria:**

- Must be treated by a neurologist.

**alemtuzumab 12 mg/1.2 mL injection, 1.2 mL vial**

| 10232M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 3             | ..          | ..         | *32472.90 | Lemtrada [GZ]               |

▪ **ALEMTUZUMAB**

**Note** Neurologists prescribing PBS-subsidised alemtuzumab must be registered with the Lemtrada monitoring program.

**Note** Special Pricing Arrangements apply.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**

**7714**

Multiple sclerosis

Treatment Phase: Initial treatment

**Clinical criteria:**

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

**Treatment criteria:**

- Must be treated by a neurologist.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

**alemtuzumab 12 mg/1.2 mL injection, 1.2 mL vial**

| 10228H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 5             | ..          | ..         | *54121.50 | Lemtrada [GZ]               |

▪ **ECULIZUMAB**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis).

Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 1 (new patient) induction doses

**Clinical criteria:**

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10%, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded; OR

- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded, **AND**
- The treatment must not be in combination with ravulizumab.

## **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

## **eculizumab 300 mg/30 mL injection, 30 mL vial**

| 12840T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 8             | ..          | ..         | *45125.04 | Soliris [XI]                |

## ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 4 repeats, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- a) Active malignancy;
- b) Active HIV infection;
- c) Hematopoietic stem cell transplants;
- d) Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- e) Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- f) Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- a) Presenting clinical features, including history, acute treatment and medications;
- b) Results of testing for genetic mutations (if available);
- c) Family history of aHUS, especially in first-degree relatives;
- d) Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- e) Exclusion of alternative causes of TMA;
- f) History of renal or other organ transplant (if any);
- g) Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au). Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

## **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment - Balance of Supply

## **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

## **Clinical criteria:**



- Patient must have received PBS-subsidised initial supply of eculizumab for this condition, **AND**
- Patient must have ADAMTS-13 activity of greater than or equal to 10% on a blood sample, **AND**
- Patient must not receive more than 20 weeks supply under this restriction.

ADAMTS-13 activity result must have been submitted to the Department of Human Services. In the case that a sample for ADAMTS-13 activity taken prior to plasma exchange or infusion was not available at the time of application for **Initial Treatment**, ADAMTS-13 activity must have been measured 1-2 weeks following the last plasma exchange or infusion, and must have been submitted to the Department of Human Services within 27 days of commencement of eculizumab. The date and time that the sample for the ADAMTS-13 assay was collected, and the dates and times of the last, if any, plasma exchange or infusion that was undertaken in the two weeks prior to collection of the ADAMTS-13 assay must also have been provided to Department of Human Services.

Serial haematological results (every 3 months while the patient is receiving treatment) must be provided with every subsequent application for treatment.

#### eculizumab 300 mg/30 mL injection, 30 mL vial

| 10190H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 4           | ..         | 5640.63 | Soliris [XI]                |

#### ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for four weeks of treatment, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- Active malignancy;
- Active HIV infection;
- Hematopoietic stem cell transplants;
- Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- Presenting clinical features, including history, acute treatment and medications;
- Results of testing for genetic mutations (if available);
- Family history of aHUS, especially in first-degree relatives;
- Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- Exclusion of alternative causes of TMA;
- History of renal or other organ transplant (if any);
- Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

#### Authority required

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have active and progressing thrombotic microangiopathy (TMA) caused by aHUS, **AND**
- Patient must have ADAMTS-13 activity of greater than or equal to 10% on a blood sample taken prior to plasma exchange or infusion; or, if ADAMTS-13 activity was not collected prior to plasma exchange or infusion, patient must have platelet counts of greater than  $30 \times 10^9/L$  and a serum creatinine of greater than 150 mol/L, **AND**
- Patient must have a confirmed negative STEC (Shiga toxin-producing E.Coli) result if the patient has had diarrhoea in the preceding 14 days, **AND**
- Patient must have clinical features of active organ damage or impairment, **AND**
- Patient must not receive more than 4 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

Evidence of active and progressing TMA is defined by the following:

(1) a platelet count of less than  $150 \times 10^9/L$ ; and evidence of two of the following:

- (i) presence of schistocytes on blood film;
- (ii) low or absent haptoglobin;
- (iii) lactate dehydrogenase (LDH) above normal range;

OR

(2) in recipients of a kidney transplant for end-stage kidney disease due to aHUS, a kidney biopsy confirming TMA; AND

(3) evidence of at least one of the following clinical features of active TMA-related organ damage or impairment is defined as below:

(a) kidney impairment as demonstrated by one of the following:

- (i) a decline in estimated Glomerular Filtration Rate (eGFR) of greater than 20% in a patient who has pre-existing kidney impairment; and/or
- (ii) a serum creatinine (sCr) of greater than the upper limit of normal (ULN) in a patient who has no history of pre-existing kidney impairment; or

(iii) a sCr of greater than the age-appropriate ULN in paediatric patients; or

(iv) a renal biopsy consistent with aHUS;

(b) onset of TMA-related neurological impairment;

(c) onset of TMA-related cardiac impairment;

(d) onset of TMA-related gastrointestinal impairment;

(e) onset of TMA-related pulmonary impairment.

Claims of non-renal TMA-related organ damage should be made at the point of application for initial PBS-subsidised eculizumab (where possible), and should be supported by objective clinical measures. The prescriber's cover letter should establish that the observed organ damage is directly linked to active and progressing TMA, particularly when indirect causes such as severe thrombocytopenia, hypertension and acute renal failure are present at the time of the initial organ impairment.

Serial haematological results (every 3 months while the patient is receiving treatment) must be provided with every subsequent application for treatment.

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form - Initial PBS-subsidised eculizumab treatment; and
- (3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) A detailed cover letter from the prescriber; and
- (5) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (6) A measurement of body weight at the time of application; and
- (7) The result of ADAMTS-13 activity on a blood sample taken prior to plasma exchange or infusion; the date and time that the sample for the ADAMTS-13 assay was collected, and the dates and times of any plasma exchanges or infusions that were undertaken in the two weeks prior to collection of the ADAMTS-13 assay; and
- (8) In the case that a sample for ADAMTS-13 assay was not collected prior to plasma exchange or infusion, measurement of ADAMTS-13 activity must be taken 1-2 weeks following the last plasma exchange or infusion. The ADAMTS-13 result must be submitted to the Department of Human Services within 27 days of commencement of eculizumab treatment in order for the patient to be considered as eligible for further PBS-subsidised eculizumab treatment, under **Initial treatment 1-balance of supply**; and
- (9) A confirmed negative STEC result if the patient has had diarrhoea in the preceding 14 days; and
- (10) Evidence of active and progressing TMA, including pathology results where relevant. Evidence of the onset of TMA-related neurological, cardiac, gastrointestinal or pulmonary impairment requires a supporting statement with clinical evidence in patient records. All tests must have been performed within one month of application; and
- (11) For all patients, a recent measurement of eGFR, platelets and two of either LDH, haptoglobin or schistocytes of no more than 1 week old at the time of application.

#### eculizumab 300 mg/30 mL injection, 30 mL vial

| 10191J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5640.63 | Soliris [XI]                |

#### ■ ECULIZUMAB

**Note** No increase in the maximum number of repeats may be authorised.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Balance of Supply' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This Balance of Supply restriction will cease to operate from 5 years after the date specified in the clinical criteria.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

#### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Balance of Supply (transition from non-PBS-subsidised treatment during induction phase)

#### Clinical criteria:

- Patient must have received non-PBS-subsidised eculizumab for this condition prior to 1 March 2022, **AND**
- Patient must have received insufficient quantity to complete the induction treatment phase, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**
- The treatment must not be in combination with ravulizumab.

#### Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials to complete the induction treatment phase, as per the Product Information.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

#### eculizumab 300 mg/30 mL injection, 30 mL vial

| 12900Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5640.63 | Soliris [XI]                |

#### ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 6 repeats, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** For patients who have received continuing treatment with PBS-subsidised eculizumab prior to 1 January 2016, this restriction is limited to 28 weeks of therapy.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- Active malignancy;
- Active HIV infection;
- Hematopoietic stem cell transplants;
- Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- Presenting clinical features, including history, acute treatment and medications;
- Results of testing for genetic mutations (if available);
- Family history of aHUS, especially in first-degree relatives;
- Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- Exclusion of alternative causes of TMA;
- History of renal or other organ transplant (if any);
- Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

## **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended initial treatment - Assessment phase

### **Clinical criteria:**

- Patient must have received treatment under the initial restriction with PBS subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response of PBS-subsidised eculizumab treatment for this condition, **AND**
- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 56 weeks of treatment under this restriction.

### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**

(2) One of the following:

- An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- an eGFR within +/- 25% from baseline; or
- an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure.

A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

A maximum of up to 56 weeks of treatment is allowed under this restriction, however an application must be submitted at 6 months, 12 months, 18 months and 24 months following commencing PBS-subsidised eculizumab.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- A completed authority prescription form; and
- A completed aHUS eculizumab Authority Application Supporting Information Form for Extended Initial treatment; and
- A detailed cover letter from the prescriber; and
- A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- A measurement of body weight at the time of application; and
- An identified genetic mutation, if applicable; and
- A family history of aHUS, if applicable; and

- (8) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (9) A history of kidney transplant, if applicable, (especially if required due to aHUS); and
- (10) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (11) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application; and
- (12) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (13) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.
- This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

### eculizumab 300 mg/30 mL injection, 30 mL vial

| 10525Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 5640.63 | Soliris [XI]                |

## ■ ECULIZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Special Pricing Arrangements apply.

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 2 (switching from PBS-subsidised ravulizumab for pregnancy)

### **Clinical criteria:**

- Patient must be planning pregnancy; OR
- Patient must be pregnant, **AND**
- Patient must have received PBS-subsidised treatment with ravulizumab for this condition, **AND**
- The treatment must not be in combination with ravulizumab.

### **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patient may qualify under this treatment phase more than once. In the event of miscarriage, patient may continue on eculizumab if patient is stable, and/or is planning a subsequent pregnancy. For continuing PBS-subsidised treatment, a 'Switching' patient must proceed under the 'Subsequent Continuing Treatment' criteria.

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather 1 (transition from non-PBS-subsidised treatment) - maintenance phase

### **Clinical criteria:**

- Patient must have received non-PBS-subsidised eculizumab for this condition prior to 1 March 2022, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**

- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**
- The treatment must not be in combination with ravulizumab.

#### Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This grandfather restriction will cease to operate from 5 years after the date specified in the clinical criteria.

#### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather 2 (transition from LSDP-funded eculizumab)

#### Clinical criteria:

- Patient must have previously received eculizumab for the treatment of this condition funded under the Australian Government's Life Saving Drugs Program (LSDP), **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with eculizumab, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with eculizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with eculizumab, **AND**

- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: First Continuing Treatment

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition under an 'Initial', 'Balance of Supply', or 'Grandfather' treatment criteria, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets ( $\times 10^9/L$ )
- (iii) White Cell Count ( $\times 10^9/L$ )
- (iv) Reticulocytes ( $\times 10^9/L$ )
- (v) Neutrophils ( $\times 10^9/L$ )
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Subsequent Continuing Treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the 'First Continuing Treatment' or 'Switch' criteria, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- The treatment must not be in combination with ravulizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**eculizumab 300 mg/30 mL injection, 30 mL vial**

| 12877R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 6             | 5           | ..         | *33843.78 | Soliris [XI]                |

## ■ ECULIZUMAB

**Note** At the time of authority application, medical practitioners must request the appropriate number of vials to provide sufficient drug for 4 weeks and up to 5 repeats, according to the specified dosage in the approved Product Information (PI). Applications for treatment with this drug where the dose and dosing frequency exceeds that specified in the approved PI will not be approved.

**Note** WARNING: Eculizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Eculizumab is not PBS subsidised to treat TMA caused by conditions other than aHUS, such as TMA occurring in the setting of, but not limited to:

- a) Active malignancy;
- b) Active HIV infection;
- c) Hematopoietic stem cell transplants;
- d) Various drugs including quinine, high-dose calcineurin inhibitors, antiplatelet agents;
- e) Certain chemotherapy drugs or immunosuppressant drugs associated with microangiopathic haemolytic anaemia/TMA;
- f) Active autoimmune diseases;

In cases where alternative causes of TMA have not been adequately excluded, additional information may be required from the prescriber to clarify the diagnosis before approval of the application.

**Note** The Authority application should be accompanied by a cover letter from the prescriber, providing complete details on:

- a) Presenting clinical features, including history, acute treatment and medications;
- b) Results of testing for genetic mutations (if available);
- c) Family history of aHUS, especially in first-degree relatives;
- d) Patient's prior history of episodes of active and progressing TMA caused by aHUS;
- e) Exclusion of alternative causes of TMA;
- f) History of renal or other organ transplant (if any);
- g) Any other matters considered relevant by the prescriber.

In cases where there are discordant results (for example, an equivocal biopsy result in the absence of objective evidence of haemolysis) the cover letter should articulate the prescriber's interpretation of the clinical data and how a diagnosis of aHUS is supported by the available evidence.

**Note** The Authority application should include the results of screening for genetic mutations known to confer a high risk of developing aHUS. The results of genetic screening should be provided whether or not a high-risk mutation has been identified.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Written applications for authority to prescribe must be submitted to Department of Human Services. Human Services will then contact the prescriber by telephone.

### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have received treatment under Extended Initial restriction with PBS subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response of PBS-subsidised eculizumab treatment for this condition, **AND**
- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**

(2) One of the following:

- a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- b) an eGFR within +/- 25% from baseline; or
- c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure.

A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and



- (3) A detailed cover letter from the prescriber; and
- (4) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (5) A measurement of body weight at the time of application; and
- (6) An identified genetic mutation, if applicable; and
- (7) A family history of aHUS, if applicable; and
- (8) A history of multiple episodes of aHUS before recommencing eculizumab treatment, if applicable; and
- (9) A history of kidney transplant if applicable (especially if required due to aHUS); and
- (10) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (11) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application; and
- (12) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (13) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Extended Continuing treatment

#### **Clinical criteria:**

- Patient must have received treatment under the Continuing treatment with PBS-subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated on-going treatment response with PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have ever experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must have a TMA-related cardiomyopathy as evidenced by left ventricular ejection fraction < 40% on current objective measurement; OR
- Patient must have severe TMA-related neurological impairment; OR
- Patient must have severe TMA-related gastrointestinal impairment; OR
- Patient must have severe TMA-related pulmonary impairment on current objective measurement; OR
- Patient must have grade 4 or 5 chronic kidney disease (eGFR of less than 30 mL/min); OR
- Patient must have a high risk of aHUS recurrence in the short term in the absence of continued treatment with eculizumab, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

- (1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; AND
- (2) One of the following:
  - a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
  - b) an eGFR within +/- 25% from baseline; or
  - c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure. A treatment failure is defined as a patient who is:

- (1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or
- (2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and
- (3) A detailed cover letter from the prescriber; and
- (4) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (5) A measurement of body weight at the time of application; and
- (6) An identified genetic mutation, if applicable; and
- (7) A family history of aHUS, if applicable; and
- (8) A history of multiple episodes of aHUS before commencing eculizumab treatment, if applicable; and
- (9) A history of kidney transplant, if applicable (especially if required due to aHUS); and

- (10) An inclusion of the individual consequences of recurrent disease; and
  - (11) A supporting statement with clinical evidence of severe TMA-related cardiomyopathy (including current LVEF result), neurological impairment, gastrointestinal impairment or pulmonary impairment; and
  - (12) Evidence that the patient has had a treatment response including haematological results of no more than 1 month old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 month old at the time of application; and
  - (13) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
  - (14) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.
- This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

**Note** All applications should be accompanied by a detailed letter that outlines the objective evidence of high risk of critical organ damage if aHUS recurs. The following evidence may be submitted to establish the patient's level of risk of aHUS recurrence in the short term in the absence of continued treatment with eculizumab:

- a) Evidence of a mutation known to confer a high risk of aHUS recurrence;
- b) Past history of recurrent episodes of active and progressive TMA due to aHUS, prior to the episode that led to current use of eculizumab;
- c) Past family history of aHUS recurrence, especially in first-degree relatives;
- d) Past history of recurrent aHUS following renal transplant for end-stage renal failure due to aHUS.

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Recommencement of treatment

#### **Clinical criteria:**

- Patient must have demonstrated treatment response to previous treatment with PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have ever experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must have the following clinical conditions: (i) either significant haemolysis as measured by low/absent haptoglobin; or presence of schistocytes on the blood film; or lactate dehydrogenase (LDH) above normal; **AND** (ii) either platelet consumption as measured by either 25% decline from patient baseline or thrombocytopenia (platelet count  $<150 \times 10^9/L$ ); **OR** (iii) TMA-related organ impairment including on recent biopsy, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

- (1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; **AND**
- (2) One of the following:
  - a) An increase in eGFR of  $> 25\%$  from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
  - b) an eGFR within  $\pm 25\%$  from baseline; or
  - c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure. A treatment failure is defined as a patient who is:

- (1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or
- (2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form(s); and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Recommencement of treatment; and
- (3) A signed patient acknowledgement or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) A detailed cover letter from the prescriber; and
- (5) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (6) A measurement of body weight at the time of application, and
- (7) An identified genetic mutation, if applicable; and
- (8) A family history of aHUS if applicable; and
- (9) A history of multiple episodes of aHUS following the treatment break, if applicable; and
- (10) A history of kidney transplant if applicable (especially if required due to aHUS); and
- (11) An inclusion of the individual consequences of recurrent disease; and

- (12) A supporting statement with clinical evidence of TMA-related organ damage including current (within one week of application) haematological results (platelet count, haptoglobin and LDH), eGFR level, and, if applicable, on recent biopsy;
- (13) Evidence that the patient has had a treatment response to their previous treatment with eculizumab; and
- (14) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (15) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

**Note** A raise in LDH alone is not a sufficient reason to re-commence eculizumab, but thrombocytopenia with one marker of haemolysis (such as raised LDH, presence of schistocytes, or low/absence of haptoglobin) is an accepted reason to consider re-commencement of eculizumab treatment.

**Note** Kidney transplantation/dialysis is not a contraindication to recommencement of eculizumab treatment.

#### **Authority required**

Atypical haemolytic uraemic syndrome (aHUS)

Treatment Phase: Continuing recommencement of treatment

#### **Clinical criteria:**

- Patient must have received treatment under Recommencement of treatment restriction with PBS-subsidised eculizumab for this condition, **AND**
- Patient must have demonstrated ongoing treatment response to the previous 24 weeks of PBS-subsidised eculizumab for this condition, **AND**
- Patient must not have experienced treatment failure with eculizumab including PBS-subsidised eculizumab for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist, or, must be in consultation with a paediatric nephrologist, a nephrologist, a paediatric haematologist or a haematologist.

A treatment response is defined as:

(1) Normalisation of haematology as demonstrated by at least 2 of the following: platelet count, haptoglobin, and LDH; AND

(2) One of the following:

- a) An increase in eGFR of > 25% from baseline, where the baseline is the eGFR measurement immediately prior to commencing treatment with eculizumab or
- b) an eGFR within +/- 25% from baseline; or
- c) an avoidance of dialysis-dependence but worsening of kidney function with a reduction in eGFR 25% from baseline.

PBS-subsidised treatment with eculizumab will not be permitted if a patient has experienced treatment failure. A treatment failure is defined as a patient who is:

(1) dialysis-dependent at the time of application and has failed to demonstrate significant resolution of extra-renal complications if originally presented; or

(2) on dialysis and has been on dialysis for 4 months of the previous 6 months while receiving PBS-subsidised eculizumab and has failed to demonstrate significant resolution of extra-renal complications if originally presented.

The authority application must include the following measures of response to the prior course of treatment, including serial haematological results (every 3 months while the patient is receiving treatment).

The authority application must be in writing and must include:

- (1) A completed authority prescription form; and
- (2) A completed aHUS eculizumab Authority Application Supporting Information Form for Continuing treatment; and
- (3) A detailed cover letter from the prescriber; and
- (4) A copy of a current Certificate of vaccination or a statement that vaccination has or will be administered and appropriate antibiotic prophylaxis has been prescribed; and
- (5) A measurement of body weight at the time of application; and
- (6) An identified genetic mutation, if applicable; and
- (7) A family history of aHUS, if applicable; and
- (8) A history of multiple episodes of aHUS before recommencing eculizumab treatment, if applicable; and
- (9) A history of kidney transplant if applicable (especially if required due to aHUS); and
- (10) An inclusion of the individual consequences of recurrent disease, if applicable; and
- (11) Evidence that the patient has had a treatment response including haematological results of no more than 1 week old at the time of application (platelet count, haptoglobin and LDH); and an eGFR level of no more than 1 week old at the time of application; and
- (12) Evidence that the patient has not experienced treatment failure, including a supporting statement with clinical evidence that the patient does not require dialysis, unless the indication for continuing eculizumab is severe extra-renal complications that have significantly improved; and
- (13) If the indication for continuing eculizumab is severe extra-renal complications, then a supporting statement with clinical evidence that any initial extra-renal complications of TMA have significantly improved is required.

This assessment must be submitted no later than 4 weeks from the cessation of the prior treatment. Where a response assessment is not undertaken and submitted within these timeframes, the patient will be deemed to have failed to respond to treatment with eculizumab.

# ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

## eculizumab 300 mg/30 mL injection, 30 mL vial

| 10183Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 5640.63 | Soliris [XI]                |

## ■ EVEROLIMUS

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**5795**

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**5554**

Management of cardiac allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

## everolimus 250 microgram tablet, 60

| 5738B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 5           | ..         | *383.52 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

## everolimus 500 microgram tablet, 60

| 5739C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | 5           | ..         | *767.04 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

## everolimus 750 microgram tablet, 60

| 5740D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|       | 4             | 5           | ..         | *2301.12 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

## everolimus 1 mg tablet, 60

| 5737Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|       | 4             | 5           | ..         | *3068.16 | <sup>a</sup> Certican [NV]  | <sup>a</sup> Everocan [CR]  |

## ■ MYCOPHENOLATE

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**5795**

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**5554**

Management of cardiac allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

## mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

| 9500B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *489.02 | CellCept [RO]               |

## mycophenolate mofetil 500 mg tablet, 50

| 9502D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                     | Brand Name and Manufacturer                                                                                     |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|       | 6             | 5           | ..         | *263.76 | <sup>a</sup> CellCept [RO]<br><sup>a</sup> MycoCept [RF]<br><sup>a</sup> Mycophenolate GH [GQ]<br><sup>a</sup> Pharmacor Mycophenolate 500 [CR] | <sup>a</sup> Ceptolate [AF]<br><sup>a</sup> Mycophenolate APOTEX [GX]<br><sup>a</sup> Mycophenolate Sandoz [SZ] |

## ■ MYCOPHENOLATE

**Caution** Careful monitoring of patients is mandatory.

**Note** Management includes initiation, stabilisation and review of therapy as required.

**Authority required (STREAMLINED)**

**4084**

Prophylaxis of renal allograft rejection  
Treatment Phase: Management

**Clinical criteria:**

- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**4095**

WHO Class III, IV or V lupus nephritis  
Treatment Phase: Management

**Clinical criteria:**

- The condition must be proven by biopsy.

**Treatment criteria:**

- Must be treated by a nephrologist or in consultation with a nephrologist.
- The name of the consulting nephrologist must be included in the patient medical records.

**mycophenolate 180 mg enteric tablet, 120**

| 9503E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *171.58 | Myfortic [NV]               |

**mycophenolate 360 mg enteric tablet, 120**

| 9504F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *343.12 | Myfortic [NV]               |

▪ **MYCOPHENOLATE**

**Caution** Careful monitoring of patients is mandatory.

**Note** For item codes 9501C and 1839T, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution

**Authority required (STREAMLINED)**

**5653**

Management of renal allograft rejection  
Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**5600**

Management of cardiac allograft rejection  
Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of cardiac allograft rejection, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**mycophenolate mofetil 250 mg capsule, 100**

| 9501C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                   | Brand Name and Manufacturer                                                 |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|       | 6             | 5           | ..         | *263.88 | <sup>a</sup> APO-Mycophenolate [TX]<br><sup>a</sup> Mycophenolate Sandoz [SZ] | <sup>a</sup> CellCept [RO]<br><sup>a</sup> Pharmacor Mycophenolate 250 [CR] |

**mycophenolate mofetil 250 mg capsule, 50**

| 1839T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 12            | 5           | ..         | *263.88 | <sup>a</sup> Ceptolate [AF] |

▪ **NATALIZUMAB**

**Caution** Progressive multifocal leukoencephalopathy has been reported with this drug.

**Authority required (STREAMLINED)**

**9818**

Clinically definite relapsing-remitting multiple sclerosis

**Treatment criteria:**

- Must be treated by a neurologist.

**Clinical criteria:**

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support), **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- The condition must be confirmed by magnetic resonance imaging of the brain and/or spinal cord; OR

- Patient must be deemed unsuitable for magnetic resonance imaging due to the risk of physical (not psychological) injury to the patient.

The date of the magnetic resonance imaging scan must be included in the patient's medical notes, unless written certification is provided, in the patient's medical notes, by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient.

Treatment with this drug must cease if there is continuing progression of disability whilst the patient is being treated with this drug.

For continued treatment the patient must demonstrate compliance with, and an ability to tolerate, this drug.

Neurologists prescribing natalizumab under the PBS listing must be registered with the Tysabri Australian Prescribing Program.

## **natalizumab 300 mg/15 mL injection, 15 mL vial**

| 9505G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 5           | ..         | 1268.34 | Tysabri [BD]                |

## ■ OCRELIZUMAB

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

### **Authority required (STREAMLINED)**

#### **7699**

Multiple sclerosis

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

#### **Treatment criteria:**

- Must be treated by a neurologist.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

### **Authority required (STREAMLINED)**

#### **7386**

Multiple sclerosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

#### **Treatment criteria:**

- Must be treated by a neurologist.

## **ocrelizumab 300 mg/10 mL injection, 10 mL vial**

| 11242Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 2             | ..          | ..         | *17533.00 | Ocrevus [RO]                |

## ■ RAVULIZUMAB

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** WARNING: Ravulizumab increases the risk of meningococcal infections (septicaemia and/or meningitis).

Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Special Pricing Arrangements apply.

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 1 (new patient) induction dose

### Clinical criteria:

- Patient must not have received prior treatment with this drug for this condition, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10%, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded, **AND**
- The treatment must not be in combination with eculizumab.

### Treatment criteria:

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

### Population criteria:

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- Haemoglobin (g/L)
- Platelets (x10<sup>9</sup>/L)
- White Cell Count (x10<sup>9</sup>/L)
- Reticulocytes (x10<sup>9</sup>/L)
- Neutrophils (x10<sup>9</sup>/L)
- Granulocyte clone size (%)
- Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- Multiple of LDH , ULN

### Authority required

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Initial treatment - Initial 2 (switch from LSDP eculizumab) induction dose

### Clinical criteria:

- Patient must have previously received eculizumab for the treatment of this condition funded under the Australian Government's Life Saving Drugs Program (LSDP), **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to LSDP-funded treatment with eculizumab, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to LSDP-funded treatment with eculizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to LSDP-funded treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to LSDP-funded treatment with eculizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to LSDP-funded treatment with eculizumab; OR

- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to LSDP-funded treatment with eculizumab, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH , ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Return from PBS-subsidised eculizumab - induction dose

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have received prior PBS-subsidised treatment with eculizumab through the 'Initial treatment - Initial 2 (switching from PBS-subsidised ravulizumab for pregnancy)' criteria, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a single loading dose based on the patient's weight, as per the Product Information

Patient may qualify under this treatment phase more than once for the purposes of family planning. Where long-term continuing PBS-subsidised treatment with this drug is planned, a 'Returning' patient may proceed under the 'Subsequent Continuing Treatment' criteria.

**ravulizumab 1.1 g/11 mL injection, 11 mL vial**

| 12856P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | ..          | ..         | 25217.76 | Ultomiris [XI]              |

**ravulizumab 300 mg/3 mL injection, 3 mL vial**

| 12898W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 6877.57 | Ultomiris [XI]              |

**■ RAVULIZUMAB**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)



Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** WARNING: Ravulizumab increases the risk of meningococcal infections (septicaemia and/or meningitis). Please consult the approved PI for information about vaccination against meningococcal infection.

**Note** Special Pricing Arrangements apply.

## **Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Grandfather (transition from non-PBS-subsidised treatment)

## **Clinical criteria:**

- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 March 2022, **AND**
- Patient must have a diagnosis of PNH established by flow cytometry prior to commencing treatment with ravulizumab, **AND**
- Patient must have a PNH granulocyte clone size equal to or greater than 10% prior to commencing treatment with ravulizumab, **AND**
- Patient must have a raised lactate dehydrogenase value at least 1.5 times the upper limit of normal prior to commencing treatment with ravulizumab, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, the details of which must be kept with the patient's record, **AND**
- Patient must have experienced a thrombotic/embolic event which required anticoagulant therapy prior to commencing treatment with ravulizumab; OR
- Patient must have been transfused with at least 4 units of red blood cells in the last 12 months prior to commencing treatment with ravulizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 70 g/L in the absence of anaemia symptoms prior to commencing treatment with ravulizumab; OR
- Patient must have chronic/recurrent anaemia, where causes other than haemolysis have been excluded, together with multiple haemoglobin measurements not exceeding 100 g/L in addition to having anaemia symptoms prior to commencing treatment with ravulizumab; OR
- Patient must have debilitating shortness of breath/chest pain resulting in limitation of normal activity (New York Heart Association Class III) and/or established diagnosis of pulmonary arterial hypertension, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab; OR
- Patient must have a history of renal insufficiency, demonstrated by an eGFR less than or equal to 60 mL/min/1.73m<sup>2</sup>, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab; OR
- Patient must have recurrent episodes of severe pain requiring hospitalisation and/or narcotic analgesia, where causes other than PNH have been excluded prior to commencing treatment with ravulizumab, **AND**
- The treatment must not be in combination with eculizumab.

## **Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

## **Population criteria:**

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

- (i) Haemoglobin (g/L)
- (ii) Platelets (x10<sup>9</sup>/L)
- (iii) White Cell Count (x10<sup>9</sup>/L)
- (iv) Reticulocytes (x10<sup>9</sup>/L)
- (v) Neutrophils (x10<sup>9</sup>/L)
- (vi) Granulocyte clone size (%)
- (vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory
- (viii) Multiple of LDH, ULN

**Note** Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'First Continuing Treatment' criteria.

**Note** This grandfather restriction will cease to operate from 5 years after the date specified in the clinical criteria.

## **Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: First Continuing Treatment

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug for this condition under an 'Initial' or 'Grandfather' treatment criteria, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

At the time of the authority application, details (result and date of result) of the following monitoring requirements must be provided:

(i) Haemoglobin (g/L)

(ii) Platelets ( $\times 10^9/L$ )

(iii) White Cell Count ( $\times 10^9/L$ )

(iv) Reticulocytes ( $\times 10^9/L$ )

(v) Neutrophils ( $\times 10^9/L$ )

(vi) Granulocyte clone size (%)

(vii) Lactate Dehydrogenase (LDH) and the upper limit of normal (ULN) for the reporting laboratory

(viii) Multiple of LDH, ULN

**Authority required**

Paroxysmal nocturnal haemoglobinuria (PNH)

Treatment Phase: Subsequent Continuing Treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the 'First Continuing Treatment' or 'Return' criteria, **AND**
- Patient must have demonstrated clinical improvement or stabilisation of condition, **AND**
- The treatment must not be in combination with eculizumab.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a non-specialist medical physician who has consulted a haematologist on the patient's drug treatment details.

**Population criteria:**

- Patient must be aged 18 years or over.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of the authority application, medical practitioners should request the appropriate number of vials for a maintenance dose based on the patient's weight, as per the Product Information. A maximum of 2 repeats may be requested.

**ravulizumab 1.1 g/11 mL injection, 11 mL vial**

| 12883C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 2           | ..         | 25217.76 | Ultomiris [XI]              |

**ravulizumab 300 mg/3 mL injection, 3 mL vial**

| 12884D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6877.57 | Ultomiris [XI]              |

■ **SIROLIMUS**

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**5795**

Management of renal allograft rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must be receiving this drug for prophylaxis of renal allograft rejection, **AND**

- The treatment must be under the supervision and direction of a transplant unit.

**sirolimus 1 mg/mL oral liquid, 60 mL**

| 9550P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *924.02 | Rapamune [PF]               |

**sirolimus 500 microgram tablet, 100**

| 9747B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *587.54 | Rapamune [PF]               |

**sirolimus 1 mg tablet, 100**

| 9549N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1175.04 | Rapamune [PF]               |

**sirolimus 2 mg tablet, 100**

| 9548M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2350.12 | Rapamune [PF]               |

**VEDOLIZUMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alpha-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at

weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Clinical criteria:**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR

- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs

Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

## **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:
  - the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of assessment of the patient's condition if relevant; or
  - the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
  - the date of clinical assessment; and
  - the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

**AND**

- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iii) the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe Crohn disease

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab subcutaneous form continuing restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or
  - the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
  - the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide sufficient for a single infusion of 300 mg vedolizumab per dose. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs



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### Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### vedolizumab 300 mg injection, 1 vial

| 10390W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 2949.93 | Entyvio [TK]                |

## VEDOLIZUMAB

### Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised

therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or  
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years). Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR

- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

- (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:
- (i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide for a single infusion of 300 mg per dose.

Up to a maximum of 2 repeats will be authorised.

Authority approval for sufficient therapy to complete a maximum of 3 initial doses of treatment may be requested by telephone by contacting the Department of Human Services.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of one vial of 300 mg per dose, with one dose to be administered at weeks 0, 2 and 6, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, to provide for a single infusion of 300 mg per dose.

Up to a maximum of 2 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply

## Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## vedolizumab 300 mg injection, 1 vial

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 1             | ..          | ..         | 2949.93 | Entyvio [TK]                |

## Tumor necrosis factor alpha (TNF-alpha) inhibitors

### ■ ADALIMUMAB

#### Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy

(Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

#### **Authority required (STREAMLINED)**

**11526**

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe**

| 12417M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *818.54 | Amgevita [TX]               |

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices**

| 12355G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | 5           | ..         | 818.54  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes**

| 12348X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | 5           | ..         | 818.54  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**ADALIMUMAB**

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

**Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:



(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

| 12698H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

#### adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

| 12696F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

### ■ ADALIMUMAB

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

| 12697G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

#### adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

| 12733E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|--------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

### ■ ADALIMUMAB

**Note** Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

**Note** Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**

- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

### **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

| 12699J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

#### adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

| 12695E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *818.54 | <sup>a</sup> Amgevita [TX]  |

### ■ ADALIMUMAB

#### **Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
- (ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2

treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis



Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Subsequent continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes**

| 12431G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes**

| 9662M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 1             | ..          | ..         | 818.54  | <sup>a</sup> Amgevita [TX]  | <sup>a</sup> Hadlima [RF]   |
|       |               |             |            |         | <sup>a</sup> Hyrimoz [SZ]   | <sup>a</sup> Idacio [PK]    |

**■ ADALIMUMAB**

**Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

## Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
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### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
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## **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Continuing treatment - balance of supply

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active juvenile idiopathic arthritis  
Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
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**adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices**

| 9663N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                           |
|-------|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------|
|       | 1             | ..          | ..         | 818.54  | <sup>a</sup> Amgevita [TX]<br><sup>a</sup> Hyrimoz [SZ] | <sup>a</sup> Hadlima [RF]<br><sup>a</sup> Idacio [PK] |

**adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices**

| 12444Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

**■ ADALIMUMAB**
**Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.  
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.  
From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:  
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and  
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.  
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.  
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.  
A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.  
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.  
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.  
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.  
How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.  
(1) Initial treatment.  
Applications for initial treatment should be made where:  
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or  
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or  
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).  
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months)  
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.  
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.  
(2) Continuing treatment.  
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up

to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

**Note** Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or



(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide a sufficient amount for two doses. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

| 12406Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 818.54  | <sup>a</sup> Humira [VE]    |

#### adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

| 12435L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *818.54 | <sup>a</sup> Amgevita [TX]  |

#### ■ ETANERCEPT

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**

- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

## Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

## Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

## AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

## Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or  
(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

| 12740M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 469.63  | Enbrel [PF]                 |

#### ■ ETANERCEPT

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL cartridges are equivalent for the purposes of substitution.

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

#### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

## **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

## **Population criteria:**

- Patient must be under 18 years of age.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis.

This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

#### etanercept 50 mg/mL injection, 4 x 1 mL cartridges

| 12908J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

#### etanercept 50 mg/mL injection, 4 x 1 mL pen devices

| 12735G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

#### etanercept 50 mg/mL injection, 4 x 1 mL syringes

| 12675D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

### ■ ETANERCEPT

#### **Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

#### (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

#### (5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

#### (6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

### Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at

least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; OR

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.



An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack**

| 5734T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 469.63  | Enbrel [PF]                 |

## **■ ETANERCEPT**

### **Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately

prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

**Note** Pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL syringes and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL pen devices and pharmaceutical benefits that have the form etanercept injection 50 mg/mL, 4 x 1 mL cartridges are equivalent for the purposes of substitution.

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

**Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
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## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of injections to provide sufficient for four weeks of treatment. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

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#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **etanercept 50 mg/mL injection, 4 x 1 mL cartridges**

| 12880X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

#### **etanercept 50 mg/mL injection, 4 x 1 mL pen devices**

| 5735W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

#### **etanercept 50 mg/mL injection, 4 x 1 mL syringes**

| 5733R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 939.25  | <sup>a</sup> Enbrel [PF]    |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab). Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6.

A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.



Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and  
(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:  
(i) the completed Crohn Disease Activity Index (CDAI) Score; or  
(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and  
(iii) the date of the most recent clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

### infliximab 100 mg injection, 1 vial

| 11389K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to

respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

### infliximab 100 mg injection, 1 vial

| 11424G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
- Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

#### (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrieval of conventional therapies is not required.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form, which includes the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

### **infliximab 100 mg injection, 1 vial**

| 11448M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## **■ INFLIXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate

a response to at least 1 course of treatment with a PBS-subsidised TNF- $\alpha$  antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months) Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have

demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

## (2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

## Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

## Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

## (3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**infliximab 100 mg injection, 1 vial**

| 11481G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum number of repeats may be authorised.

**Authority required (STREAMLINED)**
**4524**

Acute severe ulcerative colitis

**Treatment criteria:**

- Must be treated by a gastroenterologist; OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology, or general medicine specialising in gastroenterology].

**Clinical criteria:**

- Patient must have received an infusion of infliximab for the treatment of this condition as a hospital inpatient no more than two weeks prior to the date of the authority application, **AND**
- Patient must be an adult aged 18 years or older, and prior to initiation of infliximab treatment in hospital must have been experiencing six or more bloody stools per day, plus at least one of the following: (i) Temperature greater than 37.8 degrees Celsius; (ii) Pulse rate greater than 90 beats per minute; (iii) Haemoglobin less than 105 g/L; (iv) Erythrocyte sedimentation rate greater than 30 mm/h; OR
- Patient must be a child aged 6 to 17 years inclusive, and prior to initiation of infliximab treatment in hospital must have had a Paediatric Ulcerative Colitis Activity Index (PUCAI) greater than or equal to 65, with the diagnosis confirmed by a gastroenterologist, or a consultant physician as specified below, **AND**
- Patient must have failed to achieve an adequate response to at least 72 hours treatment with intravenous corticosteroids prior to initiation of infliximab treatment in hospital.

**Population criteria:**

- Patient must be 6 years of age or older.

For adults aged 18 years or older, failure to achieve an adequate response to intravenous corticosteroid treatment is defined by the Oxford criteria where:



(i) If assessed on day 3, patients pass 8 or more stools per day or 3 or more stools per day with a C-reactive protein (CRP) greater than 45 mg/L

(ii) If assessed on day 7, patients pass 3 or more stools per day with visible blood.

For children aged 6 to 17 years, failure to achieve an adequate response to intravenous corticosteroids means a PUCAL score greater than 45 at 72 hours.

At the time of authority application, prescribers should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg.

Before administering infliximab to a child aged 6 to 17 years, the treating clinician must have consulted with a paediatric gastroenterologist or with an institution experienced in performance of paediatric colectomy. The name of the specialist or institution must be included in the patient's medical records.

Evidence that the patient meets the PBS restriction criteria must be recorded in the patient's medical records.

### infliximab 100 mg injection, 1 vial

| 10067W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 1           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Remicade [JC]  |
|        |               |             |            |          | <sup>a</sup> Renflexis [OQ] |                             |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6.

A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Re commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A trial of systemic therapy is not required.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required (STREAMLINED)**

**12069**

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR

- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### infliximab 100 mg injection, 1 vial

| 11400B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

### ■ INFLIXIMAB

#### Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
- a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4

weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction. A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required (STREAMLINED)**

**9668**

Moderate to severe Crohn disease

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

The PCDAI assessment must be no more than 1 month old at the time of prescribing.

The PCDAI score must be documented in the patient's medical notes as the measurement of response to the prior course of therapy.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

#### **infliximab 100 mg injection, 1 vial**

| 11449N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

### ■ INFLIXIMAB

#### **Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and

indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required (STREAMLINED)**

**9481**

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## **infliximab 100 mg injection, 1 vial**

| 11486M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 3           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

### **Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alpha antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years). Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

#### **Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same

PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
  - (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years ) [further details are under 'Swapping treatment' below]; or
  - (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years ); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
- Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR



- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 while receiving treatment with this drug, if aged 6 to 17 years.

#### Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are only eligible to receive continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

#### infliximab 100 mg injection, 1 vial

| 11459D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

### ■ INFLIXIMAB

#### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the first continuing treatment restriction, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **infliximab 100 mg injection, 1 vial**

| 11497D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

#### **■ INFLIXIMAB**

##### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor

(tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF- $\alpha$  antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
  - (iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
- Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum number of repeats may be authorised.

#### **Authority required (STREAMLINED)**

**12075**

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under the First continuing treatment restriction; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

**infliximab 100 mg injection, 1 vial**

| 11490R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|        | 3             | 2           | ..         | *962.13 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

**■ INFLIXIMAB**
**Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24

weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

9787

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Patients are eligible to receive subsequent continuing treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

#### infliximab 100 mg injection, 1 vial

| 11423F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

#### ■ INFLIXIMAB

##### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine.

Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug



within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum number of repeats may be authorised.

#### **Authority required (STREAMLINED)**

**9188**

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **infliximab 100 mg injection, 1 vial**

| 11514B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

### Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**infliximab 100 mg injection, 1 vial**

| 11482H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

**(1) Initial treatment.**

An application for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
- a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Assessment of response to initial treatment.**

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

### (3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

### (4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

### (5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

### (6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**infliximab 100 mg injection, 1 vial**

| 11606W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
  - (ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
  - (iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
  - (iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
- Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

Initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

#### **Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.



Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

12042

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 while receiving treatment with this drug, if aged 6 to 17 years.

#### Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are only eligible to receive continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks at a dose of 5 mg per kg per dose providing they continue to sustain the response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

#### infliximab 100 mg injection, 1 vial

| 11461F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

#### ■ INFLIXIMAB

##### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required (STREAMLINED)**

**8844**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **Authority required (STREAMLINED)**

**8940**

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

### infliximab 100 mg injection, 1 vial

| 11605T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|-----------------------------|
|        | 5             | 2           | ..         | *1603.55 | <sup>a</sup> Inflectra [PF] | <sup>a</sup> Renflexis [OQ] |

## ■ INFLIXIMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

**AND** either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alpha antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

#### **AND**

- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.

This PBS listing is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

### infliximab 100 mg injection, 1 vial

| 12717H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note** TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

- an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
- an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

#### **Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
  - (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years ) [further details are under 'Swapping treatment' below]; or
  - (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years ); or
  - (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
- Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

#### **Population criteria:**

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

- (1) a completed authority prescription form; and



(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, or to be administered at 8-weekly intervals for patients who have received prior treatment for an acute severe episode, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

An adult patient who has previously received induction therapy with PBS-subsidised treatment with this drug for an acute severe episode of ulcerative colitis in the last 4 months, and demonstrated an adequate response to induction therapy by achieving and maintaining a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1, will not be required to demonstrate failure to prior treatment with a 5-aminosalicylate oral preparation and one of azathioprine, 6-mercaptopurine or oral steroids.

A patient, aged 6 to 17 years, who has previously received induction therapy with PBS-subsidised treatment with this drug for an acute severe episode of ulcerative colitis in the last 4 months, and demonstrated an adequate response to induction therapy by achieving and maintaining a PUCAI score of less than 10 will not be required to demonstrate failure to prior treatment with a 5-aminosalicylate oral preparation and one of azathioprine, 6-mercaptopurine or oral steroids.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

## Population criteria:

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years; OR
- Patient must have previously received induction therapy with this drug for an acute severe episode of ulcerative colitis in the last 4 months and demonstrated an adequate response to induction therapy by achieving and maintaining a partial

Mayo clinic score less than or equal to 2, with no subscore greater than 1, or a PUCAI score less than 10 (if aged 6 to 17 years).

#### Population criteria:

- Patient must be 6 years of age or older.

Application for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and
  - (ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, or to be administered at 8-weekly intervals for patients who have received prior treatment for an acute severe episode, will be authorised.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

Where treatment for an acute severe episode has occurred, an adequate response to induction therapy needs to be demonstrated by achieving and maintaining a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1, or a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 (if aged 6 to 17 years), within the first 12 weeks of receiving this drug for acute severe ulcerative colitis.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Details of the accepted toxicities including severity can be found on the Services Australia website.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### infliximab 100 mg injection, 1 vial

| 10196P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|        | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after

administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Clinical criteria:**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction, **AND**

- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
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Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of assessment of the patient's condition if relevant; or
  - (ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
  - (iii) the date of clinical assessment; and
  - (iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and this assessment must be submitted no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
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HOBART TAS 7001

### Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

### AND

- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

### Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- faeces: higher than normal lactoferrin or calprotectin level; or
- diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

### Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).



**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe Crohn disease

Treatment Phase: First continuing treatment

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

- (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or
- (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and
- (iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### infliximab 100 mg injection, 1 vial

| 5754W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

### INFLIXIMAB

#### Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ) [further details are under 'Swapping therapy' below]; or
- a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years ); or
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition. A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retreatment of conventional therapies is not required.

#### Authority required

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

#### Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30 preferably whilst still on treatment, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

#### Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application -Supporting Information Form which includes the following:

- (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition which must be no more than one month old at the time of application; and
- (ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy] or dates of enteral nutrition.

The PCDAI score should preferably be obtained whilst on conventional treatment but must be obtained within one month of the last conventional treatment dose.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

## **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application -Supporting Information Form which includes the following:

- (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) Score calculation sheet; and
- (ii) details of prior biological medicine treatment including details of date and duration of treatment.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
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HOBART TAS 7001

### **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30, **AND**
- The treatment must not exceed a total of 3 doses to be administered at weeks 0, 2 and 6 under this restriction.

### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition which must be no more than one month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of this drug may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
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Or mailed to:  
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Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Moderate to severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or commencement of treatment after a break in biological medicine of less than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Moderate to severe Crohn disease

Treatment Phase: First continuing treatment

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 30 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 6 to 17 years inclusive.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Paediatric Crohn Disease PBS Authority Application - Supporting Information Form, which includes the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

The application for first continuing treatment with this drug must include a PCDAI assessment of the patient's response to the initial course of treatment. The assessment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

If fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### infliximab 100 mg injection, 1 vial

| 5755X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## ■ INFLIXIMAB

### **Note** TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended

that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

## **Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1)

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### **Clinical criteria:**

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** It is recommended that an application for the first continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the first continuing treatment criteria for PBS-subsidised treatment with this drug.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001



**Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Change or Recommencement of treatment after a break in therapy of less than 5 years (Initial 2)

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

- a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
- details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to the Department of Human Services no later than 4 weeks from the date that course was ceased.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy within the timeframes specified in the relevant restriction.

If the response assessment to the previous course of biological medicine treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of biological medicine.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for the first continuing treatment, must be submitted to the Department of Human Services no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

**Note** It is recommended that an application for the first continuing treatment is submitted to the Department of Human Services at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the first continuing treatment criteria for PBS-subsidised treatment with this drug.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug.

An adequate response is defined as:

- a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- a completed authority prescription form; and
- a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 1 month old at the time of application.

The application for first continuing treatment with this drug must include an assessment of the patient's response to the initial course of treatment. The assessment must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks of treatment with this drug will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Complex refractory Fistulising Crohn disease

Treatment Phase: Balance of supply

## **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment (new patient or Recommencement of treatment after more than 5 years break in therapy - Initial 1) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the Change or Re-commencement of treatment after a break in therapy of less than 5 years (Initial 2) restriction to complete the 3 doses (the initial infusion regimen at 0, 2 and 6 weeks); OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 3 doses (Initial 1 or Initial 2 treatment) or 2 repeats (first Continuing or Subsequent Continuing treatment).

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **infliximab 100 mg injection, 1 vial**

| 9654D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## **■ INFLIXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months). Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

**Abatacept:**

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

**Rituximab:**

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

## Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

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**Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 22 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

**Population criteria:**

- Patient must be aged 18 years or older.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the subcutaneous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab subcutaneous form continuing restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 3 mg per kg.

Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.



**Population criteria:**

- Patient must be aged 18 years or older.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**infliximab 100 mg injection, 1 vial**

| 5757B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

**■ INFLIXIMAB**
**Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

- a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
- a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
- a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

#### (3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

#### (4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

### **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Clinical criteria:**

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender,

#### **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

- (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
- (ii) a completed BASDAI Assessment Form; and
- (iii) a completed Exercise Program Self Certification Form included in the supporting information form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

**Note** For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a

minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender,

## **AND**

- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 18 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
  - (ii) a completed BASDAI Assessment Form.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

A maximum quantity and number of repeats to provide for an initial course of this drug consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

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#### **Authority required**

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 18 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 18 weeks treatment available under the above restrictions.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Ankylosing spondylitis

Treatment Phase: First continuing treatment

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### infliximab 100 mg injection, 1 vial

| 5753T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

### ■ INFLIXIMAB

#### Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they

are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

#### (1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

#### (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

#### (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

#### (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess

response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
  - (b) at least 4 active joints from the following list of major joints:
    - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
    - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).
- If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.



**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website ([www.humanservices.gov.au](http://www.humanservices.gov.au))

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly.

Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date

of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos) Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **infliximab 100 mg injection, 1 vial**

| 5756Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

## **■ INFLIXIMAB**

### **Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the

new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.

For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(4) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal. To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and

scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

## **Clinical criteria:**

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application. Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and
  - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

## **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

#### **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and
  - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

**Clinical criteria:**

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.



Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

#### **Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)).

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and
  - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

## **Note Biosimilar prescribing policy**

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**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
  - (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or
  - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 22 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

**Note Biosimilar prescribing policy**

Prescribing of the biosimilar brand Inflectra or Renflexis is encouraged for treatment naive patients.

**Note** Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years ) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 22 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 22 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the above restrictions.

**Treatment criteria:**

- Must be treated by a dermatologist.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

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Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

## **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

## **Treatment criteria:**

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide for infusions at a dose of 5 mg per kg eight weekly. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

#### **Treatment criteria:**

- Must be treated by a dermatologist.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **infliximab 100 mg injection, 1 vial**

| 5758C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|------------------------------------------------------------|-----------------------------|
|       | 1             | ..          | ..         | 320.71  | <sup>a</sup> Inflectra [PF]<br><sup>a</sup> Renflexis [OQ] | <sup>a</sup> Remicade [JC]  |

#### **Interleukin inhibitors**

#### **■ ANAKINRA**

**Note** This drug is not PBS-subsidised for conditions other than CAPS.

#### **Authority required (STREAMLINED)**

**5450**

Moderate to severe cryopyrin associated periodic syndromes (CAPS)

**Treatment criteria:**

- Must be treated by a rheumatologist or in consultation with a rheumatologist; OR
  - Must be treated by a clinical immunologist or in consultation with a clinical immunologist.
- A diagnosis of CAPS must be documented in the patient's medical records.

**anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes**

| 10264F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1410.75 | Kineret [ZO]                |

**■ SILTUXIMAB**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

**Note** Special Pricing Arrangements apply.

**Authority required**

Idiopathic multicentric Castleman disease (iMCD)

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a diagnosis of iMCD consistent with the latest international, evidence-based consensus diagnostic criteria for this condition with the relevant diagnostic findings documented in the patient's medical records, **AND**
- The condition must not be, to the prescriber's best knowledge, any of the following diseases that can mimic iMCD: (i) human herpes virus-8 infection, (ii) an Epstein-Barr virus-lymphoproliferative disorder, (iii) an acute/uncontrolled infection (e.g. cytomegalovirus, toxoplasmosis, human immunodeficiency virus, tuberculosis) leading to inflammation with adenopathy, (iv) an autoimmune/autoinflammatory disease, (v) a malignant/lymphoproliferative disorder.

**Treatment criteria:**

- Must be treated by a haematologist; OR
- Must be treated by a medical physician working under the supervision of a haematologist, **AND**
- Patient must be undergoing treatment through this treatment phase once only in a lifetime, where the full number of repeats are prescribed; OR
- Patient must be undergoing treatment through this treatment phase for up to the first 5 doses in a lifetime, where the full number of repeats was not prescribed with the first prescription.

Prescribe the most efficient combination of vials/strengths based on the patient's body weight to keep any amount of unused drug to a minimum.

**Note** The international, evidence-based consensus iMCD diagnostic criteria developed by an international working group of clinical experts lists various findings under 'Major' and 'Minor' diagnostic criteria that constitute a diagnosis of iMCD. At the time of writing, under these consensus criteria, diagnostic findings that meet: (i) both Major criteria and (ii) at least 2 of 11 Minor criteria including at least 1 laboratory abnormality and (iii) exclude various differential diagnoses, form a diagnosis of iMCD.

Details of these criteria are presented in Table 2 of the following literature article:

Fajgenbaum DC, Uldrick TS, Bagg A, Frank D et. al. International, evidence-based consensus diagnostic criteria for HHV-8-negative/idiopathic multicentric Castleman disease. **Blood** 2017; 129(12): 1646-1657.

Where updates to these diagnostic criteria have occurred since the publication, refer to the latest version.

Do not contact the PBS-administrator to discuss whether an individual patient meets these consensus criteria.

**Authority required**

Idiopathic multicentric Castleman disease (iMCD)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

**Treatment criteria:**

- Must be treated by a haematologist; OR
  - Must be treated by a medical physician working under the supervision of a haematologist.
- Prescribe the most efficient combination of vials/strengths based on the patient's body weight to keep any amount of unused drug to a minimum.

**siltuximab 100 mg injection, 1 vial**

| 12916T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 4           | ..         | *1558.56 | Sylvant [EY]                |

**siltuximab 400 mg injection, 1 vial**

| 12922D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 2             | 4           | ..         | *6234.20 | Sylvant [EY]                |

**■ TOCILIZUMAB**

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.  
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

## tocilizumab 200 mg/10 mL injection, 10 mL vial

| 12791F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 203.73  | Actemra [RO]                |

## tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12763R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 405.39  | Actemra [RO]                |

## tocilizumab 80 mg/4 mL injection, 4 mL vial

| 12775J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 82.19   | Actemra [RO]                |

### ■ TOCILIZUMAB

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved. To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.



Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.

This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage. Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment.

Prescribers must note on the change/recommendation authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

Alternative biological medicine refers to adalimumab and etanercept.

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 12796L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 203.73  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12802T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 405.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 12794J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 82.19   | Actemra [RO]                |

### ■ TOCILIZUMAB

**Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (SJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
- (ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - re-trial or recommencement of treatment after a break of less than 12 months); or
- (iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - re-trial or recommencement of treatment after a break of less than 12 months).
- (iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for

response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

### (3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

### (4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle.

Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

### (5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

### (6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 200 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 200 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

## Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## Population criteria:

- Patient must be under 18 years of age.

## Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

- (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
- (ii) details of prior treatment including dose and duration of treatment;
- (iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos).

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retiral or recommencement of treatment after a break of less than 12 months)

### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be under 18 years of age.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retiral or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

## Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tocilizumab 200 mg/10 mL injection, 4 x 10 mL vials

| 12692B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 0.25          | ..          | ..         | *1161.61 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 12706R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1161.61 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 1481Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 203.73  | <sup>a</sup> Actemra [RO]   |

### ■ TOCILIZUMAB

#### Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
  - fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
- Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months) Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

## (2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

## (3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.

## (4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.

## (5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

## (6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

## Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

## Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

## Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in



combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

#### Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

An adequate response to treatment is defined as:

- (a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (b) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Active joints are defined as:

- (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

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Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

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#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 10056G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 203.73  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 10064Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 405.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 10077J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 82.19   | Actemra [RO]                |

### ■ TOCILIZUMAB

**Note** TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months). Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** The Department of Human Services website ([www.humanservices.gov.au](http://www.humanservices.gov.au)) has details of the toxicities, including severity, which will be accepted for the following purposes:

- (a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
- (b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
- (c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a

minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
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## **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.



Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
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#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (a) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (c) a reduction in the number of the following active joints, from at least 4, by at least 50%:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

At the time of authority application, medical practitioners must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for one infusion. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing Treatment - balance of supply

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 10058J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 203.73  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 10072D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 405.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 10081N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 82.19   | Actemra [RO]                |

### ■ TOCILIZUMAB

**Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and

(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first

application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months); or
- (iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months).
- (iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 400 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 400 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

#### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 2 active joints; and
- (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or
- (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
  - (ii) details of prior treatment including dose and duration of treatment;
  - (iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retial or recommencement of treatment after a break of less than 12 months)

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised. The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to re-trial or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

### **Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

- (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
- (ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retiral or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

- (i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or
- (ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or
- (iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tocilizumab 400 mg/20 mL injection, 4 x 20 mL vials

| 12707T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 0.25          | ..          | ..         | *2259.08 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 12694D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 2259.08 | <sup>a</sup> RoActemra [DZ] |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 1482B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 405.39  | <sup>a</sup> Actemra [RO]   |

### ■ TOCILIZUMAB

**Note** TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

- (i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
- (ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

## (1) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
- (ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months); or
- (iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retreat or recommencement of treatment after a break of less than 12 months).
- (iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

## (2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

## (3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

## (4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.

Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.

## (5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.

## (6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

**Note** Pharmaceutical benefits that have the brand Actemra 80 mg injection in a pack size of 1 and pharmaceutical benefits that have the brand RoActemra 80 mg injection in a pack size of 1 or a pack size of 4 are equivalent for the purposes of substitution in the case of a shortage.

## Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)



# Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

# Population criteria:

- Patient must be under 18 years of age.

# Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; or
- (b) at least 4 active joints from the following list of major joints:
  - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
  - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

- (a) an active joint count of at least 2 active joints; and
- (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or
- (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

- (1) completed authority prescription form(s); and
- (2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the date of assessment of severe active systemic juvenile idiopathic arthritis;
  - (ii) details of prior treatment including dose and duration of treatment;
  - (iii) pathology reports detailing CRP and platelet count where appropriate.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised. The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

# Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retial or recommencement of treatment after a break of less than 12 months)

**Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be under 18 years of age.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to re-trial or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months)

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Population criteria:**

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats will be authorised.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retial or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months)

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retial or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

At the time of authority application, the medical practitioner must request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for two infusions (one month's supply). A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats will be authorised.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **tocilizumab 80 mg/4 mL injection, 4 x 4 mL vials**

| 12714E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 0.25          | ..          | ..         | *501.28 | <sup>a</sup> RoActemra [DZ] |

#### **tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 12713D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 501.28  | <sup>a</sup> RoActemra [DZ] |

**tocilizumab 80 mg/4 mL injection, 4 mL vial**

| 1476Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 82.19   | <sup>a</sup> Actemra [RO]   |

**■ TOCILIZUMAB**
**Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
  - (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
  - (iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
  - (iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
- Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide from weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate

response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

#### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

#### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### **Clinical criteria:**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; **AND** either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the toxicities, including severity, which will be accepted where one is claimed.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

## **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

## **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia



Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

### **Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats will be authorised.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

**Clinical criteria:**

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

**Population criteria:**

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of the authority application, medical practitioners should request the appropriate number of vials of appropriate strength to provide sufficient drug, based on the weight of the patient, for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 5 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

#### Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

#### Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

**Note** Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### tocilizumab 200 mg/10 mL injection, 10 mL vial

| 9658H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 203.73  | Actemra [RO]                |

#### tocilizumab 400 mg/20 mL injection, 20 mL vial

| 9659J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 405.39  | Actemra [RO]                |

#### tocilizumab 80 mg/4 mL injection, 4 mL vial

| 9657G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 82.19   | Actemra [RO]                |

### ■ USTEKINUMAB

#### Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
- (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:

A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

### **Population criteria:**

- Patient must be aged 18 years or older.

### **Clinical criteria:**

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

- (a) two completed authority prescription forms; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
  - (iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - (iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

- (a) patient must have evidence of intestinal inflammation;
- (b) patient must be assessed clinically as being in a high faecal output state;
- (c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

- (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- (ii) faeces: higher than normal lactoferrin or calprotectin level; or
- (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

#### **Authority required**

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

#### **Treatment criteria:**

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### **Clinical criteria:**

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

#### Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

#### Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

#### Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

#### AND

- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

#### Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

- two completed authority prescription forms; and
- a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:
  - the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and
  - the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
  - the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

- blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or
- faeces: higher than normal lactoferrin or calprotectin level; or
- diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

**Note** Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

## ustekinumab 130 mg/26 mL injection, 26 mL vial

| 11182M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 4             | ..          | ..         | *15236.32 | Stelara [JC]                |

## Calcineurin inhibitors

### ■ CICLOSPORIN

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**6628**

Management of transplant rejection

**Clinical criteria:**

- The treatment must be used by organ or tissue transplant recipients.

## ciclosporin 50 mg/mL injection, 10 x 1 mL ampoules

| 5631J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 54.10   | Sandimmun [NV]              |

### ■ CICLOSPORIN

**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**

**6643**

Management of transplant rejection

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must have had an organ or tissue transplantation, **AND**
- The treatment must be under the supervision and direction of a transplant unit.

**Authority required (STREAMLINED)**

**6660**

Severe atopic dermatitis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Treatment criteria:**

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

**Clinical criteria:**

- The condition must be ineffective to other systemic therapies; OR
- The condition must be inappropriate for other systemic therapies.

**Authority required (STREAMLINED)**

**6676**

Severe psoriasis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- The condition must be ineffective to other systemic therapies; OR
- The condition must be inappropriate for other systemic therapies, **AND**
- The condition must have caused significant interference with quality of life.

**Treatment criteria:**

- Must be treated by a dermatologist.

**Authority required (STREAMLINED)**

**6631**

Nephrotic syndrome

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- Patient must have failed prior treatment with steroids and cytostatic drugs; OR
- Patient must be intolerant to treatment with steroids and cytostatic drugs; OR
- The condition must be considered inappropriate for treatment with steroids and cytostatic drugs, **AND**
- Patient must not have renal impairment.

**Treatment criteria:**

- Must be treated by a nephrologist.

**Authority required (STREAMLINED)**



**6638**

Severe active rheumatoid arthritis

Treatment Phase: Management (initiation, stabilisation and review of therapy)

**Clinical criteria:**

- The condition must have been ineffective to prior treatment with classical slow-acting anti-rheumatic agents (including methotrexate); OR
- The condition must be considered inappropriate for treatment with slow-acting anti-rheumatic agents (including methotrexate).

**Treatment criteria:**

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist.

**ciclosporin 10 mg capsule, 60**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 5           | ..         | *74.40  | Neoral 10 [NV]              |

**ciclosporin 100 mg/mL oral liquid, 50 mL**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|---------------|-------------|------------|----------|-----------------------------|
| 4             | 5           | ..         | *1263.16 | Neoral [NV]                 |

**ciclosporin 100 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|-------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *546.40 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 100 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**ciclosporin 25 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *128.88 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 25 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**ciclosporin 50 mg capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer          |
|---------------|-------------|------------|---------|------------------------------------------------------------------|--------------------------------------|
| 4             | 5           | ..         | *268.16 | <sup>a</sup> APO-Ciclosporin [TX]<br><sup>a</sup> Neoral 50 [NV] | <sup>a</sup> Cyclosporin Sandoz [SZ] |

**■ TACROLIMUS**
**Caution** Careful monitoring of patients is mandatory.

**Authority required (STREAMLINED)**
**5569**

Management of rejection in patients following organ or tissue transplantation

**Clinical criteria:**

- The treatment must be under the supervision and direction of a transplant unit, **AND**
- The treatment must include initiation, stabilisation, and review of therapy as required.

**tacrolimus 750 microgram capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 5           | ..         | *375.00 | Tacrolimus Sandoz [SZ]      |

**tacrolimus 2 mg capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|---------------|-------------|------------|----------|-----------------------------|
| 2             | 5           | ..         | *1000.00 | Tacrolimus Sandoz [SZ]      |

**tacrolimus 3 mg modified release capsule, 50**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 3           | ..         | *658.20 | ADVAGRAF XL [LQ]            |

**tacrolimus 500 microgram capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                    | Brand Name and Manufacturer                                                                                      |
|---------------|-------------|------------|---------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 2             | 5           | ..         | *219.40 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL]<br><sup>a</sup> TACROLIMUS APOTEX [TX] | <sup>a</sup> Pharmacor Tacrolimus 0.5 [CR]<br><sup>a</sup> Tacrograf [RW]<br><sup>a</sup> Tacrolimus Sandoz [SZ] |

**tacrolimus 500 microgram modified release capsule, 30**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|-----------------------------|
| 2             | 5           | ..         | *75.04  | ADVAGRAF XL [LQ]            |

**tacrolimus 1 mg capsule, 100**

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                             | Brand Name and Manufacturer                                             |
|---------------|-------------|------------|---------|---------------------------------------------------------|-------------------------------------------------------------------------|
| 2             | 5           | ..         | *438.80 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL] | <sup>a</sup> Pharmacor Tacrolimus 1 [CR]<br><sup>a</sup> Tacrograf [RW] |

<sup>a</sup> TACROLIMUS APOTEX [TX]

<sup>a</sup> Tacrolimus Sandoz [SZ]

**tacrolimus 1 mg modified release capsule, 60**

| 9665Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *263.28 | ADVAGRAF XL [LQ]            |

**tacrolimus 5 mg capsule, 50**

| 9561F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                    | Brand Name and Manufacturer                                                                                    |
|-------|---------------|-------------|------------|----------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
|       | 2             | 5           | ..         | *1096.44 | <sup>a</sup> Pacrolim [AF]<br><sup>a</sup> Prograf [LL]<br><sup>a</sup> TACROLIMUS APOTEX [TX] | <sup>a</sup> Pharmacor Tacrolimus 5 [CR]<br><sup>a</sup> Tacrograf [RW]<br><sup>a</sup> Tacrolimus Sandoz [SZ] |

**tacrolimus 5 mg modified release capsule, 30**

| 9666R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *750.44 | ADVAGRAF XL [LQ]            |

**Other immunosuppressants**
**■ LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (lenalidomide, bortezomib and dexamethasone) for the first 4 treatment cycles (cycles 1 to 4) administered in a 28-day treatment cycle

**Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have been treated with lenalidomide or bortezomib for this condition, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and nomination of which disease activity parameters will be used to assess response.

To enable confirmation of eligibility for treatment, current pathology results of (for items a, b, c, g), or, a statement that diagnosis was based on (for items d, e, f) at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients and kept on the patient's records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be stated/declared. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be declared to be held on the patient's medical records.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**lenalidomide 10 mg capsule, 21**

| 12061T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 4704.42 | Revlimid [CJ]               |

**lenalidomide 15 mg capsule, 21**

| 12026Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 5486.60 | Revlimid [CJ]               |

**lenalidomide 25 mg capsule, 21**

| 12059Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 5928.74 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 12034J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 4495.22 | Revlimid [CJ]               |

**■ LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment of triple therapy (lenalidomide, bortezomib and dexamethasone) for treatment cycles 5 and 6 (administered using 28-day treatment cycles)

**Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug under the treatment phase covering cycles 1 to 4, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- The treatment must not exceed a total of 2 cycles under this restriction.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**lenalidomide 10 mg capsule, 21**

| 12057N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 4704.42 | Revlimid [CJ]               |

**lenalidomide 15 mg capsule, 21**

| 12062W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 5486.60 | Revlimid [CJ]               |

**lenalidomide 25 mg capsule, 21**

| 12036L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 5928.74 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 12039P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 1           | ..         | 4495.22 | Revlimid [CJ]               |

**■ LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Authority required**

Relapsed and/or refractory multiple myeloma

Treatment Phase: Triple combination therapy consisting of elotuzumab, lenalidomide and dexamethasone

**Treatment criteria:**

- Patient must be undergoing concurrent treatment with elotuzumab obtained through the PBS, **AND**
  - Patient must not be undergoing simultaneous treatment with this drug obtained under another PBS listing.
- Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**lenalidomide 10 mg capsule, 21**

| 12988N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 4704.42 | Revlimid [CJ]               |

**lenalidomide 15 mg capsule, 21**

| 12991R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 5486.60 | Revlimid [CJ]               |

**lenalidomide 25 mg capsule, 21**

| 12979D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 5928.74 | Revlimid [CJ]               |

**lenalidomide 5 mg capsule, 21**

| 12985K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 4495.22 | Revlimid [CJ]               |

**■ LENALIDOMIDE**

**Note** Special Pricing Arrangements apply.

**Authority required**

Myelodysplastic syndrome

Treatment Phase: Initial treatment

**Clinical criteria:**

- The treatment must be limited to a maximum duration of 16 weeks, **AND**
- Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS), **AND**

- Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, **AND**

- Patient must be red blood cell transfusion dependent.

Classification of a patient as Low risk requires a score of 0 on the IPSS, achieved with the following combination: less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias.

Classification of a patient as Intermediate-1 requires a score of 0.5 to 1 on the IPSS, achieved with the following possible combinations:

1. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 0/1 cytopenias; OR
2. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR
3. less than 5% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR
4. less than 5% marrow blasts with intermediate karyotypic status (other abnormalities), and 2/3 cytopenias; OR
5. 5%-10% marrow blasts with intermediate karyotypic status (other abnormalities), and 0/1 cytopenias; OR
6. 5%-10% marrow blasts with good karyotypic status (normal, -Y alone, -5q alone, -20q alone), and 2/3 cytopenias; OR
7. less than 5% marrow blasts with poor karyotypic status (complex, greater than 3 abnormalities), and 0/1 cytopenias.

Classification of a patient as red blood cell transfusion dependent requires that:

- (i) the patient has been transfused within the last 8 weeks; and
- (ii) the patient has received at least 8 units of red blood cell in the last 6 months prior to commencing PBS-subsidised therapy with lenalidomide; and would be expected to continue this requirement without lenalidomide treatment.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Myelodysplastic Syndrome Lenalidomide Authority Application - Supporting Information Form; and
- (c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and
- (d) a copy of the full blood examination report; and
- (e) a copy of the pathology report detailing the cytogenetics demonstrating Low risk or Intermediate-1 disease according to the IPSS (note: using Fluorescence in Situ Hybridization (FISH) to demonstrate MDS -5q is acceptable); and
- (f) details of transfusion requirements including: (i) the date of most recent transfusion and the number of red blood cell units transfused; and (ii) the total number of red cell units transfused in the 4 and 6 months preceding the date of this application; and
- (g) a signed patient acknowledgement form.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be classified as Low risk or Intermediate-1 according to the International Prognostic Scoring System (IPSS), **AND**

- Patient must have a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities, **AND**
- Patient must have received PBS-subsidised initial therapy with lenalidomide for myelodysplastic syndrome, **AND**
- Patient must have achieved and maintained transfusion independence; or least a 50% reduction in red blood cell unit transfusion requirements compared with the four month period prior to commencing initial PBS-subsidised therapy with lenalidomide, **AND**
- Patient must not have progressive disease.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

The first authority application for continuing supply must be made in writing. Subsequent authority applications for continuing supply may be made by telephone.

The following evidence of response must be provided at each application:

- (i) a haemoglobin level taken within the last 4 weeks; and
- (ii) the date of the last transfusion; and
- (iii) a statement of the number of units of red cells transfused in the 4 months immediately preceding this application; and
- (iv) a statement confirming that the patient has not progressed to acute myeloid leukaemia.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

### lenalidomide 10 mg capsule, 21

| 2802L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 3           | ..         | 4704.42 | Revlimid [CJ]               |

### lenalidomide 5 mg capsule, 21

| 2799H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 3           | ..         | 4495.22 | Revlimid [CJ]               |

## ■ LENALIDOMIDE

**Note** Special Pricing Arrangements apply.

### Authority required

Multiple myeloma

Treatment Phase: Initial treatment as monotherapy or dual combination therapy with dexamethasone for progressive disease

### **Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with dexamethasone, **AND**
- Patient must have progressive disease after at least one prior therapy, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response; and
- (3) a signed patient acknowledgment.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment as monotherapy or dual combination therapy with dexamethasone following initial treatment for progressive disease

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for relapsed or refractory multiple myeloma, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with dexamethasone.

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **lenalidomide 10 mg capsule, 21**

| 5784K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 4704.42 | Revlimid [CJ]               |

#### **lenalidomide 15 mg capsule, 21**

| 5785L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 5486.60 | Revlimid [CJ]               |

#### **lenalidomide 25 mg capsule, 21**

| 5786M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 5928.74 | Revlimid [CJ]               |

#### **lenalidomide 5 mg capsule, 21**

| 5783J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 4495.22 | Revlimid [CJ]               |

### **■ LENALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Multiple myeloma

Treatment Phase: Initial treatment in combination with dexamethasone, of newly diagnosed disease in a patient ineligible for stem cell transplantation

#### **Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must be ineligible for a primary stem cell transplantation, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with dexamethasone.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and ineligibility for prior stem cell transplant; and nomination of which disease activity parameters will be used to assess response; and

(3) a signed patient acknowledgement.

To enable confirmation of eligibility for treatment, current diagnostic reports of at least one of the following must be provided:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment until progression in patients initiated on dual combination therapy (lenalidomide and dexamethasone), or, in patients initiated on triple therapy (lenalidomide, bortezomib and dexamethasone during treatment cycles 1 up to 8) and are now being treated with treatment cycle 9 or beyond

#### **Clinical criteria:**

- Patient must have previously been authorised with a PBS prescription with this drug for the condition, **AND**
- Patient must not have demonstrated progressive disease, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with dexamethasone.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **lenalidomide 10 mg capsule, 21**

| 11064H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 4704.42 | Revlimid [CJ]               |

#### **lenalidomide 15 mg capsule, 21**

| 11062F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5486.60 | Revlimid [CJ]               |

## lenalidomide 25 mg capsule, 21

| 11041D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 5928.74 | Revlimid [CJ]               |

## lenalidomide 5 mg capsule, 21

| 11029L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 4495.22 | Revlimid [CJ]               |

### ■ LENALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

#### Authority required

Multiple myeloma

Treatment Phase: Initial treatment with lenalidomide monotherapy in newly diagnosed disease

#### **Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must have undergone an autologous stem cell transplant (ASCT) as part of frontline therapy for newly diagnosed multiple myeloma, **AND**
- Patient must not have progressive disease following autologous stem cell transplant (ASCT).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, the date the autologous stem cell transplant was performed, and nomination of which disease activity parameters will be used to assess progression.

To enable confirmation of eligibility for treatment, the results of current diagnostic reports of at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine progression, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be provided.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Multiple myeloma

Treatment Phase: Continuing treatment with lenalidomide monotherapy following initial treatment with lenalidomide therapy in newly diagnosed disease

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have demonstrated progressive disease, **AND**
- The treatment must be as monotherapy.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or



- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### lenalidomide 10 mg capsule, 28

| 11968X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6272.56 | Revlimid [CJ]               |

#### lenalidomide 15 mg capsule, 28

| 11964Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 7315.46 | Revlimid [CJ]               |

#### lenalidomide 5 mg capsule, 28

| 11967W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 5993.62 | Revlimid [CJ]               |

### ■ LENALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. If lenalidomide is taken during pregnancy, a teratogenic effect of lenalidomide in humans cannot be ruled out.

**Note** Special Pricing Arrangements apply.

#### Authority required

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (lenalidomide, bortezomib and dexamethasone) for the first 4 treatment cycles (cycles 1 to 4) administered in a 21-day treatment cycle

#### **Clinical criteria:**

- The condition must be newly diagnosed, **AND**
- The condition must be confirmed by a histological diagnosis, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have been treated with lenalidomide or bortezomib for this condition, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma lenalidomide Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, and nomination of which disease activity parameters will be used to assess response.

To enable confirmation of eligibility for treatment, current pathology results of (for items a, b, c, g), or, a statement that diagnosis was based on (for items d, e, f) at least one of the following must be provided:

- (a) the level of serum monoclonal protein; or
- (b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
- (c) the serum level of free kappa and lambda light chains; or
- (d) bone marrow aspirate or trephine; or
- (e) if present, the size and location of lytic bone lesions (not including compression fractures); or
- (f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
- (g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients and kept on the patient's records. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be stated/declared. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be declared to be held on the patient's medical records.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment of triple therapy (lenalidomide, bortezomib and dexamethasone) for treatment cycles 5 to 8 inclusive (administered using 21-day treatment cycles)

## **Clinical criteria:**

- Patient must have received PBS-subsidised treatment with this drug under the treatment phase covering cycles 1 to 4, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- The treatment must not exceed a total of 4 cycles under this restriction.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **lenalidomide 10 mg capsule, 14**

| 12070G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3136.28 | Revlimid [CJ]               |

## **lenalidomide 15 mg capsule, 14**

| 12012F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3657.73 | Revlimid [CJ]               |

## **lenalidomide 25 mg capsule, 14**

| 12019N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 3952.49 | Revlimid [CJ]               |

## **lenalidomide 5 mg capsule, 14**

| 12035K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 3           | ..         | 2996.81 | Revlimid [CJ]               |

## **■ POMALIDOMIDE**

**Caution** This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Multiple myeloma

Treatment Phase: Initial treatment with triple therapy (this drug, bortezomib and dexamethasone)

## **Clinical criteria:**

- The condition must be confirmed by a histological diagnosis, **AND**
  - The treatment must be in combination with bortezomib and dexamethasone, **AND**
  - Patient must have progressive disease after at least one prior therapy that is either: (i) lenalidomide monotherapy, (ii) contains lenalidomide, **AND**
  - Patient must have undergone or be ineligible for a stem cell transplant.
- Progressive disease is defined as at least 1 of the following:
- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
  - (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
  - (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
  - (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
  - (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
  - (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
  - (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

### Authority required

Multiple myeloma

Treatment Phase: Continuing treatment with triple therapy (this drug, bortezomib and dexamethasone)

### Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

### pomalidomide 4 mg capsule, 14

| 12665N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6650.00 | Pomalyst [CJ]               |

### pomalidomide 3 mg capsule, 14

| 12666P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 6650.00 | Pomalyst [CJ]               |

## ■ POMALIDOMIDE

**Caution** This drug is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Special Pricing Arrangements apply.

### Authority required

Multiple myeloma

Treatment Phase: Initial treatment

### Clinical criteria:

- The treatment must be in combination with dexamethasone, **AND**
- Patient must have undergone or be ineligible for a primary stem cell transplant, **AND**
- Patient must have experienced treatment failure with lenalidomide, unless contraindicated or not tolerated according to the Therapeutic Goods Administration (TGA) approved Product Information, **AND**
- Patient must have experienced treatment failure with bortezomib, unless contraindicated or not tolerated according to the Therapeutic Goods Administration (TGA) approved Product Information.

Bortezomib treatment failure is the absence of achieving at least a partial response or as progressive disease during treatment or within 6 months of discontinuing treatment with bortezomib. Lenalidomide treatment failure is progressive disease during treatment or within 6 months of discontinuing treatment with lenalidomide.

If treatment with either bortezomib or lenalidomide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to either bortezomib or lenalidomide treatment develops during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Multiple Myeloma pomalidomide Authority Application Supporting Information form; and
- (3) reports demonstrating the patient has failed treatment with, providing details of the contraindication to or details of the nature and severity of the intolerance to lenalidomide; and
- (4) reports demonstrating the patient has failed treatment with, providing details of the contraindication to or details of the nature and severity of the intolerance to bortezomib.

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Multiple myeloma

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not have progressive disease, **AND**
- The treatment must be in combination with dexamethasone.

Progressive disease is defined as at least 1 of the following:

- (a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- (b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
- (c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or
- (d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
- (e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
- (f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
- (g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Patients receiving this drug under the PBS listing must be registered in the i-access risk management program.

**Note** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Written applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **pomalidomide 3 mg capsule, 21**

| 10406Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 9975.00 | Pomalyst [CJ]               |

#### **pomalidomide 4 mg capsule, 21**

| 10387Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 9975.00 | Pomalyst [CJ]               |

### **■ THALIDOMIDE**

**Caution** Thalidomide is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

**Note** Patients receiving thalidomide under the PBS listing must be registered in the i-access risk management program.

#### **Authority required (STREAMLINED)**

**5914**

Multiple myeloma

#### **thalidomide 100 mg capsule, 28**

| 9667T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | ..          | ..         | *1364.58 | Thalomid [CJ]               |

#### **thalidomide 50 mg capsule, 28**

| 9566L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 4             | ..          | ..         | *1364.60 | Thalomid [CJ]               |

## ■ MUSCULO-SKELETAL SYSTEM

## ■ MUSCLE RELAXANTS

### MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

#### *Other centrally acting agents*

#### ■ BACLOFEN

##### Authority required (STREAMLINED)

**7152**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity of cerebral origin.

##### Authority required (STREAMLINED)

**7134**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to multiple sclerosis.

##### Authority required (STREAMLINED)

**7153**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord injury.

##### Authority required (STREAMLINED)

**7148**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord disease.

#### **baclofen 40 mg/20 mL intrathecal injection, 20 mL ampoule**

| 11195F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer         |
|--------|---------------|-------------|------------|---------|-------------------------------------|
|        | 2             | ..          | ..         | *766.24 | Sintetica Baclofen Intrathecal [BZ] |

#### ■ BACLOFEN

**Note** Pharmaceutical benefits that have the forms baclofen 10 mg/5 mL intrathecal injection, 5 mL ampoule, baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules and baclofen 10 mg/5 mL intrathecal injection, 10 x 5 mL ampoules are equivalent for the purposes of substitution.

##### Authority required (STREAMLINED)

**6925**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity of cerebral origin.

##### Authority required (STREAMLINED)

**6939**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to multiple sclerosis.

##### Authority required (STREAMLINED)

**6940**

Severe chronic spasticity

##### **Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord injury.

##### Authority required (STREAMLINED)

**6911**

Severe chronic spasticity

**Clinical criteria:**

- Patient must have failed to respond to treatment with oral antispastic agents; OR
- Patient must have had unacceptable side effects to treatment with oral antispastic agents, **AND**
- Patient must have chronic spasticity due to spinal cord disease.

**baclofen 10 mg/5 mL intrathecal injection, 5 mL ampoule**

| 5617P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer            |
|-------|---------------|-------------|------------|---------|-----------------------------|----------------------------------------|
|       | 10            | ..          | ..         | *958.00 | <sup>a</sup> Bacthecal [DZ] | <sup>a</sup> Lioresal Intrathecal [NV] |

**baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules**

| 11421D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | ..          | ..         | *958.00 | <sup>a</sup> Bacthecal [DZ] |

**baclofen 10 mg/5 mL intrathecal injection, 10 x 5 mL ampoules**

| 11126N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                      |
|--------|---------------|-------------|------------|---------|--------------------------------------------------|
|        | 1             | ..          | ..         | 958.00  | <sup>a</sup> Sintetica Baclofen Intrathecal [BZ] |

**DRUGS FOR TREATMENT OF BONE DISEASES**
**DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION**
*Bisphosphonates*
**IBANDRONATE**
**Authority required (STREAMLINED)**
**5291**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**ibandronate 6 mg/6 mL injection, 6 mL vial**

| 5750P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 11          | ..         | 291.86  | Bondronat [IX]              |

**PAMIDRONATE DISODIUM**
**Authority required (STREAMLINED)**
**4433**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**pamidronate disodium 15 mg/5 mL injection, 5 mL vial**

| 5667G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 4             | 2           | ..         | *55.24  | Pamisol [PF]                |

**pamidronate disodium 30 mg/10 mL injection, 10 mL vial**

| 5668H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 2           | ..         | *55.26  | Pamisol [PF]                |

**pamidronate disodium 60 mg/10 mL injection, 10 mL vial**

| 5669J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 2           | ..         | 55.26   | Pamisol [PF]                |

**PAMIDRONATE DISODIUM**
**Authority required (STREAMLINED)**
**4433**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**Authority required (STREAMLINED)**
**5218**

Multiple myeloma

**Authority required (STREAMLINED)**
**5291**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**pamidronate disodium 90 mg/10 mL injection, 10 mL vial**

| 5670K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | 11          | ..         | 82.89   | Pamisol [PF]                |

**▪ ZOLEDRONIC ACID**

**Note** Pharmaceutical benefits that have the form zoledronic acid 4 mg/100 mL injection and pharmaceutical benefits that have the form zoledronic acid 4 mg/5 mL injection are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)****5735**

Multiple myeloma

**Authority required (STREAMLINED)****5605**

Bone metastases

**Clinical criteria:**

- The condition must be due to breast cancer.

**Authority required (STREAMLINED)****5703**

Bone metastases

**Clinical criteria:**

- The condition must be due to castration-resistant prostate cancer.

**Authority required (STREAMLINED)****5704**

Hypercalcaemia of malignancy

**Clinical criteria:**

- Patient must have a malignancy refractory to anti-neoplastic therapy.

**zoledronic acid 4 mg/5 mL injection, 5 mL vial**

| 9653C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                       | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-------------------------------------------------------------------|-----------------------------|
|       | 1             | 11          | ..         | 70.00   | <sup>a</sup> APO-Zoledronic Acid [TX]<br><sup>a</sup> Zometa [SA] | <sup>a</sup> DEZTRON [DZ]   |

**▪ OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM****OTHER DRUGS FOR DISORDERS OF THE MUSCULO-SKELETAL SYSTEM***Other drugs for disorders of the musculo-skeletal system***▪ NUSINERSEN**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Continuing/maintenance treatment of either symptomatic Type I, II or IIIa SMA, or of a patient commenced on this drug under the pre-symptomatic SMA listing

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or initiated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS-indication has been for gene therapy.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised risdiplam to PBS-subsidised nusinersen for this condition a wash out period may be required.

## nusinersen 12 mg/5 mL injection, 5 mL vial

| 11378W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | ..          | ..         | 110000.00 | Spinraza [BD]               |

### ■ NUSINERSEN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

#### Authority required

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment - Loading doses

#### **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA.

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with risdiplam for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not exceed four loading doses (at days 0, 14, 28 and 63) under this restriction, **AND**
- Patient must be untreated with gene therapy.

#### **Population criteria:**

- Patient must be 18 years of age or under.

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- Onset between 6 and 18 months; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Weakness in trunk righting/derotation; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:



- i) Onset between 18 months and 3 years of age; and
- ii) Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- iii) Proximal weakness; or
- iv) Hypotonia; or
- v) Absence of deep tendon reflexes; or
- vi) Failure to gain weight appropriate for age; or
- vii) Any active chronic neurogenic changes; or
- viii) A compound muscle action potential below normative values for an age-matched child.

Application for authorisation of initial treatment must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - i) specification of SMA type (I, II or IIIa); and
  - (ii) sign(s) and symptom(s) that the patient has experienced; and
  - (iii) patient's age at the onset of sign(s) and symptom(s).

#### nusinersen 12 mg/5 mL injection, 5 mL vial

| 11363C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | 3           | ..         | 110000.00 | Spinraza [BD]               |

#### ■ NUSINERSEN

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

#### Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment of pre-symptomatic spinal muscular atrophy (SMA) - Loading doses

#### **Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA.

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- The condition must have genetic confirmation that there are 1 to 2 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The condition must be pre-symptomatic, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not exceed four loading doses (at days 0, 14, 28 and 63) under this restriction, **AND**
- Patient must be untreated with gene therapy.

#### **Population criteria:**

- Patient must be aged under 36 months prior to commencing treatment.
- Application for authorisation of initial treatment must be in writing (lodged via postal service or electronic upload) and must include:
- (a) a completed authority prescription form; and
  - (b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
    - (i) confirmation of genetic diagnosis of SMA; and
    - (ii) a copy of the results substantiating the number of SMN2 gene copies determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA)

**nusinersen 12 mg/5 mL injection, 5 mL vial**

| 12177X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | 3           | ..         | 110000.00 | Spinraza [BD]               |

**■ NUSINERSEN**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** For the next authority application after this application, continue treatment through the 'Treatment phase: Continuing/maintenance treatment of either symptomatic Type I, II or IIIa SMA, or of a patient commenced on this drug under the pre-symptomatic SMA listing' under the indication: 'Spinal muscular atrophy (SMA)'.

**Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment occurring after onasemnogene abeparvovec therapy in a patient with one of: (i) Type 1 SMA, or, (ii) pre-symptomatic SMA

**Clinical criteria:**

- Patient must have experienced a regression in a developmental state listed below (see 'Definition') despite treatment with gene therapy - confirm that this: (i) not due to an acute concomitant illness; (ii) not due to non-compliance to best-supportive care, (iii) apparent for at least 3 months, (iv) verified by another clinician in the treatment team - state the full name of this clinician plus their profession (e.g. medical practitioner, nurse, physiotherapist; this is not an exhaustive list of examples), **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with risdiplam for this condition.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Patient must be undergoing treatment under this Treatment phase listing once only - for continuing treatment beyond this authority application, refer to the drug's relevant 'Continuing treatment' listing for the patient's SMA type.

**Population criteria:**

- Patient must have a prior authority approval for any drug PBS-listed for symptomatic Type 1 SMA, with at least one approval having been for gene therapy; OR
- Patient must have a prior authority approval for any drug PBS-listed for pre-symptomatic SMA, with at least one approval having been for gene therapy.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Do not resubmit previously submitted documentation concerning the diagnosis and type of SMA.

Confirm that a previous PBS authority application has been approved for one of the following:

- (i) Symptomatic Type 1 SMA; or
- (ii) Pre-symptomatic SMA treated with nusinersen.

**Definition:**

Various childhood developmental states (1 to 9) are listed below, some followed by further observations (a up to d). Where at least one developmental state/observation is no longer present, that developmental state has regressed.

0. Absence of developmental states (1 to 9) listed below:

1. Rolls from side to side on back;
2. Child holds head erect for at least 3 seconds unsupported;
3. Sitting, but with assistance;
4. Sitting without assistance:

- (a) Child sits up straight with the head erect for at least 10 seconds;  
 (b) Child does not use arms or hands to balance body or support position.
5. Hands and knees crawling:  
 (a) Child alternately moves forward or backwards on hands and knees;  
 (b) The stomach does not touch the supporting surface;  
 (c) There are continuous and consecutive movements at least 3 in a row.
6. Standing with assistance:  
 (a) Child stands in upright position on both feet, holding onto a stable object (e.g. furniture) with both hands and without leaning on object;  
 (b) The body does not touch the stable object, and the legs support most of the body weight;  
 (c) Child thus stands with assistance for at least 10 seconds.
7. Standing alone:  
 (a) Child stands in upright position on both feet (not on the toes) with the back straight;  
 (b) The leg supports 100% of the child's weight;  
 (c) There is no contact with a person or object;  
 (d) Child stands alone for at least 10 seconds.
8. Walking with assistance:  
 (a) Child is in an upright position with the back straight;  
 (b) Child makes sideways or forced steps by holding onto a stable object (e.g. furniture) with 1 or both hands;  
 (c) One leg moves forward while the other supports part of the body weight;  
 (d) Child takes at least 5 steps in this manner.
9. Walking alone:  
 (a) Child takes at least 5 steps independently in upright position with the back straight;  
 (b) One leg moves forward while the other supports most of the body weight;  
 (c) There is no contact with a person or object.

Confirm which developmental state has regressed by: (i) stating the overall developmental state (1 - 9) the patient was in at the time of gene therapy, or, the best developmental state achieved since gene therapy, and (ii) stating the patient's current overall developmental state (i.e. a number that is lower than stated in (i)).

Where the patient has neither regressed from a developmental state nor reached the next developmental state, PBS-subsidy of this benefit is not available.

#### nusinersen 12 mg/5 mL injection, 5 mL vial

| 12972R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|-----------|-----------------------------|
|        | 1             | 3           | ..         | 110000.00 | Spinraza [BD]               |

#### ■ ONASEMNOGENE ABEPARVOVEC

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** Other disease modifying therapies for this condition are: (i) nusinersen, (ii) risdiplam.

**Note** Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

**Note** Accredited treatment centres and suppliers are those organisations accredited by the Gene Technology Regulator under section 92 of the **Gene Technology Act 2000**.

The following website provides a list of accredited organisations and may update without notice:

<https://www.ogtr.gov.au/what-weve-approved/accredited-organisations>

#### **Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Use in a patient untreated with disease modifying therapies for this condition

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs/symptoms of Type 1 SMA specified below; OR

- The condition must be pre-symptomatic SMA, with genetic confirmation that there are 1 to 2 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes, **AND**
- The treatment must be given concomitantly with best supportive care for this condition.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Must be treated in a treatment centre that is each of: (i) recognised in the management of SMA, (ii) accredited in the use of this gene technology by the relevant authority, (iii) will(has) source(d) this product from an accredited supplier, as specified in the administrative notes to this listing, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit once only in a lifetime, **AND**
- Patient must not be undergoing treatment with this pharmaceutical benefit through this listing where prior treatment has occurred with any of: (i) nusinersen, (ii) risdiplam.

**Population criteria:**

- Patient must be no older than 9 months of age, **AND**
- Patient must have symptomatic Type 1 SMA; OR
- Patient must have pre-symptomatic SMA.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

**Prescribing Instructions:**

In the relevant PBS Authority Application form, specify the following:

- the SMA type being treated: symptomatic Type 1 SMA, or, pre-symptomatic SMA;
- for Type 1 SMA, the signs/symptoms that the patient has experienced, together with the patient's age at the onset of these signs/symptoms.

State the weight of the patient in kilograms and request the appropriate product pack presentation with respect to the mix of 5.5 mL and 8.3 mL vials.

Confirm that genetic testing has been completed to demonstrate the following in support of an SMA diagnosis:

- 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; or
- deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variance in the remaining single copy of the SMN1 gene.

If the condition is pre-symptomatic SMA, confirm that there is genetic test finding that substantiates the number of SMN2 gene copies determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA).

Quote the date, pathology provider name and any unique identifying serial number/code that links the genetic test result to the patient.

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

**Note** An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

**Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Use occurring after treatment with at least one disease modifying therapy for this condition (i.e. switching from nusinersen/risdiplam to onasemnogene abeparvovec)

**Clinical criteria:**

- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes.

**Treatment criteria:**

- Patient must be undergoing treatment with this pharmaceutical benefit following prior PBS-subsidised treatment with at least one other disease modifying therapy for this condition, **AND**
- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**

- Must be treated in a treatment centre that is each of: (i) recognised in the management of SMA, (ii) accredited in the use of this gene technology by the relevant authority, (iii) will(has) source(d) this product from an accredited supplier, as specified in the administrative notes to this listing, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit once only in a lifetime, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit with the intent that treatment with the replaced disease modifying agent is/has ceased.

**Population criteria:**

- Patient must be no older than 9 months of age, **AND**
- Patient must have symptomatic Type 1 SMA; OR
- Patient must have pre-symptomatic SMA.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Do not resubmit previously submitted documentation concerning the diagnosis and type of SMA.

Confirm that a previous PBS authority application has been approved for one of the following:

- (i) Symptomatic Type 1 SMA; or
- (ii) Pre-symptomatic SMA treated with nusinersen

State the weight of the patient in kilograms and request the appropriate product pack presentation with respect to the mix of 5.5 mL and 8.3 mL vials.

Adhere to any Product Information or local treatment guidelines with respect to treatment-free ('wash out') periods prior to administering this benefit.

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack**

| 12975X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack**

| 12956X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8 x 8.3 mL vials], 1 pack**

| 12964H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 3 x 8.3 mL vials**

| 12961E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 4 x 8.3 mL vials**

| 12971Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 5 x 8.3 mL vials**

| 12962F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 6 x 8.3 mL vials**

| 12973T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 7 x 8.3 mL vials**

| 12954T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 8 x 8.3 mL vials**

| 12974W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 9 x 8.3 mL vials**

| 12949M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
|        | ±1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 2 x 8.3 mL vials**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12957Y | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12958B | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12963G | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12941D | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12940C | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12950N | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12952Q | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8.3 mL vial], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12955W | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12951P | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12977B | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12942E | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$    | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|------------|-----------------------------|
| 12976Y | ‡1            | ..          | ..         | 2527773.87 | Zolgensma [NV]              |

**■ RISDIPLAM**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

**Authority required**

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug, **AND**
- The treatment must be given concomitantly with best supportive care for this condition.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS-indication has been for gene therapy.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised nusinersen to PBS-subsidised risdiplam for this condition a wash out period may be required.

**risdiplam 750 microgram/mL powder for oral liquid, 80 mL**

| 12606L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | 5           | ..         | 10841.89 | Evrysdi [RO]                |

▪ **RISDIPLAM**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** For the next authority application after this application, continue treatment through the 'Treatment phase: Continuing treatment' under the indication: 'Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)'.

**Authority required**

Spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment occurring after onasemnogene abeparvovec therapy in a patient with Type 1 SMA

**Clinical criteria:**

- Patient must have experienced a regression in a developmental state listed below (see 'Definition') despite treatment with gene therapy - confirm that this: (i) not due to an acute concomitant illness; (ii) not due to non-compliance to best-supportive care, (iii) apparent for at least 3 months, (iv) verified by another clinician in the treatment team - state the full name of this clinician plus their profession (e.g. medical practitioner, nurse, physiotherapist; this is not an exhaustive list of examples), **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, **AND**
- Patient must be undergoing treatment under this Treatment phase listing once only - for continuing treatment beyond this authority application, refer to the drug's relevant 'Continuing treatment' listing for the patient's SMA type.

**Population criteria:**

- Patient must have a prior authority approval for any drug PBS-listed for symptomatic Type 1 SMA, with at least one approval having been for gene therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Do not resubmit previously submitted documentation concerning the diagnosis and type of SMA.

Confirm that a previous PBS authority application has been approved for symptomatic Type 1 SMA.

Definition:

Various childhood developmental states (1 to 9) are listed below, some followed by further observations (a up to d). Where at least one developmental state/observation is no longer present, that developmental state has regressed.

0. Absence of developmental states (1 to 9) listed below:

1. Rolls from side to side on back;
2. Child holds head erect for at least 3 seconds unsupported;
3. Sitting, but with assistance;
4. Sitting without assistance:
  - (a) Child sits up straight with the head erect for at least 10 seconds;
  - (b) Child does not use arms or hands to balance body or support position.
5. Hands and knees crawling:
  - (a) Child alternately moves forward or backwards on hands and knees;
  - (b) The stomach does not touch the supporting surface;
  - (c) There are continuous and consecutive movements at least 3 in a row.

6. Standing with assistance:

- (a) Child stands in upright position on both feet, holding onto a stable object (e.g. furniture) with both hands and without leaning on object;
- (b) The body does not touch the stable object, and the legs support most of the body weight;
- (c) Child thus stands with assistance for at least 10 seconds.

7. Standing alone:

- (a) Child stands in upright position on both feet (not on the toes) with the back straight;
- (b) The leg supports 100% of the child's weight;
- (c) There is no contact with a person or object;
- (d) Child stands alone for at least 10 seconds.

8. Walking with assistance:

- (a) Child is in an upright position with the back straight;
- (b) Child makes sideways or forced steps by holding onto a stable object (e.g. furniture) with 1 or both hands;
- (c) One leg moves forward while the other supports part of the body weight;
- (d) Child takes at least 5 steps in this manner.

9. Walking alone:

- (a) Child takes at least 5 steps independently in upright position with the back straight;
- (b) One leg moves forward while the other supports most of the body weight;
- (c) There is no contact with a person or object.

Confirm which developmental state has regressed by: (i) stating the overall developmental state (1 - 9) the patient was in at the time of gene therapy, or, the best developmental state achieved since gene therapy, and (ii) stating the patient's current overall developmental state (i.e. a number that is lower than stated in (i)).

Where the patient has neither regressed from a developmental state nor reached the next developmental state, PBS-subsidy of this benefit is not available.

### risdiplam 750 microgram/mL powder for oral liquid, 80 mL

| 12943F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$      | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|--------------|-----------------------------|
| ±1     | ..            | ..          | 10841.89   | Evrysdi [RO] |                             |

### ■ RISDIPLAM

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### **Authority required**

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**



- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic.

**Clinical criteria:**

- Patient must be untreated with gene therapy.

**Population criteria:**

- Patient must be 18 years of age or under.

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- Onset between 6 and 18 months; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Weakness in trunk righting/derotation; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:

- Onset between 18 months and 3 years of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

Application for authorisation of initial treatment must be in writing and must include:

- a completed authority prescription form; and
- a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - specification of SMA type (I, II or IIIa); and
  - sign(s) and symptom(s) that the patient has experienced; and
  - patient's age at the onset of sign(s) and symptom(s).

**Authority required**

Symptomatic Type I, II or IIIa spinal muscular atrophy (SMA)

Treatment Phase: Transitioning from non-PBS to PBS subsidised treatment - Grandfather treatment

**Clinical criteria:**

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; **OR**
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- Patient must have experienced at least two of the defined signs and symptoms of SMA type I, II or IIIa prior to 3 years of age, **AND**
- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 August 2021, **AND**
- Patient must not be receiving invasive permanent assisted ventilation in the absence of a potentially reversible cause while being treated with this drug, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- Patient must be responding to non-PBS subsidised risdiplam for this condition at the time of application.

**Treatment criteria:**

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic, or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic.

**Clinical criteria:**

- Patient must be untreated with gene therapy.

**Population criteria:**

- Patient must have been 18 years of age or under at the time non-PBS subsidised treatment with this drug was initiated for this condition.

Application for authorisation of initial treatment must be in writing and must include:

- a completed authority prescription form; and
- a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:
  - specification of SMA type (I, II or IIIa); and
  - sign(s) and symptom(s) that the patient has experienced; and
  - patient's age at the onset of sign(s) and symptom(s).

Defined signs and symptoms of type I SMA are:

- Onset before 6 months of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type II SMA are:

- Onset between 6 and 18 months; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Weakness in trunk righting/derotation; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

Defined signs and symptoms of type IIIa SMA are:

- Onset between 18 months and 3 years of age; and
- Failure to meet or regression in ability to perform age-appropriate motor milestones; or
- Proximal weakness; or
- Hypotonia; or
- Absence of deep tendon reflexes; or
- Failure to gain weight appropriate for age; or
- Any active chronic neurogenic changes; or
- A compound muscle action potential below normative values for an age-matched child.

A patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

**Note** This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

**risdiplam 750 microgram/mL powder for oral liquid, 80 mL**

| 12614X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | ..          | ..         | 10841.89 | Evrysdi [RO]                |

■ **NERVOUS SYSTEM**

■ **ANTI-PARKINSON DRUGS**

**DOPAMINERGIC AGENTS**

*Dopa and dopa derivatives*

■ **LEVODOPA + CARBIDOPA**

**Note** Special Pricing Arrangements apply.

**Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

**Authority required (STREAMLINED)**

**10138**

Advanced Parkinson disease

**Clinical criteria:**

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- The treatment must be commenced in a hospital-based movement disorder clinic.

**levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL**

| 11913B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 4             | 5           | ..         | *5768.00 | Duodopa [VE]                |

**■ LEVODOPA + CARBIDOPA**

**Note** Special Pricing Arrangements apply.

**Note** Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

**Authority required (STREAMLINED)****10375**

Advanced Parkinson disease

**Clinical criteria:**

- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- The treatment must be commenced in a hospital-based movement disorder clinic, **AND**
- Patient must require continuous administration of levodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2000 mg of levodopa.

**levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL**

| 9743T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|-----------|-----------------------------|
|       | 8             | 5           | ..         | *11536.00 | Duodopa [VE]                |

HSD (Public)

***Dopamine agonists*****■ APOMORPHINE****Authority required (STREAMLINED)****10863**

Parkinson disease

**Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials**

| 11093W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer        |
|--------|---------------|-------------|------------|----------|------------------------------------|
|        | 18            | 5           | ..         | *7427.34 | Apomine Solution for Infusion [PF] |

**■ APOMORPHINE****Authority required (STREAMLINED)****11385**

Parkinson disease

**Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules**

| 5609F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 72            | 5           | ..         | *6369.12 | Movapo [TD]                 |

**apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules**

| 5610G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 36            | 5           | ..         | *8017.20 | Movapo [TD]                 |

**apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes**

| 10950H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 36            | 5           | ..         | *8017.20 | Movapo PFS [TD]             |

**■ APOMORPHINE**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)****10863**

Parkinson disease

**Clinical criteria:**

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- The treatment must be commenced in a specialist unit in a hospital setting.

**apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges**

| 11672H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer            |
|--------|---------------|-------------|------------|----------|----------------------------------------|
|        | 20            | 5           | ..         | *2588.00 | <sup>a</sup> Apomine Intermittent [PF] |

**apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices**

| 11477C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer  |
|--------|---------------|-------------|------------|----------|------------------------------|
|        | 20            | 5           | ..         | *2588.00 | <sup>a</sup> Movapo Pen [TD] |

■ **PSYCHOLEPTICS****ANTIPSYCHOTICS***Diazepines, oxazepines, thiazepines and oxepines*■ **CLOZAPINE**

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Pfizer ClopineCentral.

**Authority required (STREAMLINED)****5015**

Schizophrenia

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

**Clinical criteria:**

- Patient must be non-responsive to other neuroleptic agents; OR
- Patient must be intolerant of other neuroleptic agents.

Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**clozapine 50 mg/mL oral liquid, 100 mL**

| 11433R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | ±1            | ..          | ..         | 135.00  | Versacloz [PF]              |

■ **CLOZAPINE**

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS), Pfizer ClopineCentral or Juno Connected Clozitor.

**Authority required (STREAMLINED)****5015**

Schizophrenia

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

**Clinical criteria:**

- Patient must be non-responsive to other neuroleptic agents; OR
- Patient must be intolerant of other neuroleptic agents.

Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**clozapine 50 mg/mL oral liquid, 100 mL**

| 5630H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 135.00  | Clopine Suspension [PF]     |

**clozapine 100 mg tablet, 100**

| 5629G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer       | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------------|-----------------------------|
|       | 2             | ..          | ..         | *242.38 | Clopine 100 [PF]<br>Clozitor [JU] | Clozaril 100 [GO]           |

**clozapine 200 mg tablet, 100**

| 5627E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | ..          | ..         | *484.76 | Clopine 200 [PF]            | Clozitor [JU]               |

**clozapine 25 mg tablet, 100**

| 5628F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer      | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------------------------------|-----------------------------|
|       | 2             | ..          | ..         | *64.64  | Clopine 25 [PF]<br>Clozitor [JU] | Clozaril 25 [GO]            |

**clozapine 50 mg tablet, 100**

| 5626D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|-----------------------------|
|       | 2             | ..          | ..         | *129.28 | Clopine 50 [PF]             | Clozitor [JU]               |

## ■ RESPIRATORY SYSTEM

## ■ DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

### OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

#### *Other systemic drugs for obstructive airway diseases*

## ■ BENRALIZUMAB

### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## Authority required

Uncontrolled severe asthma

Treatment Phase: Balance of supply

## Treatment criteria:

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## Clinical criteria:

- Patient must received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR
- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

## benralizumab 30 mg/mL injection, 1 mL pen device

| 12000N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 3311.00 | Fasenra Pen [AP]            |

## ■ BENRALIZUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to

ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact AstraZeneca Medical Information on 1800 805 342.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

### **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

### **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

- (a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,
- OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Continuing PBS Authority Application - Supporting Information Form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.

#### benralizumab 30 mg/mL injection, 1 mL pen device

| 11995H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 2           | ..         | 3311.00 | Fasenra Pen [AP]            |

### ■ BENRALIZUMAB

#### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

#### (1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

#### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month



prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact AstraZeneca Medical Information on 1800 805 342.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**

- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## Population criteria:

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, **OR** a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
- (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, **OR** 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

At the time of the authority application, medical practitioners should request up to 4 repeats to provide for an initial course of benralizumab sufficient for up to 32 weeks of therapy, at a dose of 30 mg every 4 weeks for the first three doses (weeks 0, 4, and 8) then 30 mg every eight weeks thereafter.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Initial PBS Authority Application - Supporting Information Form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the eosinophil count and date; and
  - (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

## Authority required

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

## Treatment criteria:

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## Clinical criteria:

- Patient must be under the care of the same physician for at least 6 months; **OR**
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**

- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

**Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma (mepolizumab/benralizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:

(i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and

(iii) eosinophil count and date; and

(iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); and

(v) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

At the time of the authority application, medical practitioners should request up to 4 repeats to provide for an initial course sufficient for up to 32 weeks of therapy, based on a dose of 30 mg every 4 weeks for the first three doses (weeks 0, 4, and 8) then 30 mg every eight weeks thereafter (refer to the TGA-approved Product Information).

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

**benralizumab 30 mg/mL injection, 1 mL pen device**

| 11994G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 4           | ..         | 3311.00 | Fasenra Pen [AP]            |

▪ **MEPOLIZUMAB**

**Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological

medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Balance of supply

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR
- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

**mepolizumab 100 mg injection, 1 vial**

| 11839D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1556.10 | Nucala [GK]                 |

**mepolizumab 100 mg/mL injection, 1 mL pen device**

| 12021Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 1556.10 | Nucala [GK]                 |

**■ MEPOLIZUMAB****Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a

treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact GlaxoSmithKline Medical Information on 1800 033 109.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to this biological medicine is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline,

OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5.

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment or the assessment of oral corticosteroid dose, should be made at around 20 weeks after the first dose of PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The assessment should, where possible, be completed by the same physician who initiated treatment with this drug. This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of repeats to provide for a continuing course of this drug sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Asthma Continuing PBS Authority Application - Supporting Information Form which includes:
  - (i) details of maintenance oral corticosteroid dose; or
  - (ii) a completed Asthma Control Questionnaire (ACQ-5) score.

## **mepolizumab 100 mg injection, 1 vial**

| 10980X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1556.10 | Nucala [GK]                 |

**mepolizumab 100 mg/mL injection, 1 mL pen device**

| 12064Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1556.10 | Nucala [GK]                 |

**■ MEPOLIZUMAB****Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

**(1) Initial treatment:**

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

**(2) Continuing treatment:**

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

**(3) Baseline measurements to determine response:**

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

**(4) Swapping therapy within the same treatment cycle.**

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

**(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:**

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

**(6) Monitoring of patients:**

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab

(see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ, please contact GlaxoSmithKline Medical Information on 1800 033 109.

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have blood eosinophil count greater than or equal to 300 cells per microlitre in the last 12 months; OR
- Patient must have blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids in the last 12 months, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

- (i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**
- (ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, **AND**
  - (b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.
- The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is



currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

At the time of the authority application, medical practitioners should request up to 7 repeats to provide for an initial course of mepolizumab sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma Initial PBS Authority Application - Supporting Information Form,

which includes the following:

- (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
- (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
- (iii) the eosinophil count and date; and
- (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have had a blood eosinophil count greater than or equal to 300 cells per microlitre and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma; OR
- Patient must have had a blood eosinophil count greater than or equal to 150 cells per microlitre while receiving treatment with oral corticosteroids and that is no older than 12 months immediately prior to commencing PBS-subsidised biological medicine treatment for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

#### **Population criteria:**

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma (mepolizumab/benralizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) eosinophil count and date; and
- (iv) the dose of the maintenance oral corticosteroid (where the response criteria or baseline is based on corticosteroid dose); and
- (v) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for severe asthma who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's

most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

At the time of the authority application, medical practitioners should request up to 7 repeats to provide for an initial course sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

## mepolizumab 100 mg injection, 1 vial

| 10996R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 1556.10 | Nucala [GK]                 |

## mepolizumab 100 mg/mL injection, 1 mL pen device

| 12007Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 1556.10 | Nucala [GK]                 |

## ■ OMALIZUMAB

**Note** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

### Authority required

Severe chronic spontaneous urticaria

Treatment Phase: Initial treatment

### **Treatment criteria:**

- Must be treated by a clinical immunologist; OR
- Must be treated by an allergist; OR
- Must be treated by a dermatologist; OR
- Must be treated by a general physician with expertise in the management of chronic spontaneous urticaria (CSU).

### **Clinical criteria:**

- The condition must be based on both physical examination and patient history (to exclude any factors that may be triggering the urticaria), **AND**
- Patient must have experienced itch and hives that persist on a daily basis for at least 6 weeks despite treatment with H1 antihistamines, **AND**
- Patient must have failed to achieve an adequate response after a minimum of 2 weeks treatment with a standard therapy, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A standard therapy is defined as a combination of therapies that includes H1 antihistamines at maximally tolerated doses in accordance with clinical guidelines, and one of the following:

- 1) a H2 receptor antagonist (150 mg twice per day); or
- 2) a leukotriene receptor antagonist (LTRA) (10 mg per day); or
- 3) doxepin (up to 25 mg three times a day)

If the requirement for treatment with H1 antihistamines and a H2 receptor antagonist, or a leukotriene receptor antagonist or doxepin cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application.

A failure to achieve an adequate response to standard therapy is defined as a current Urticaria Activity Score 7 (UAS7) score of equal to or greater than 28 with an itch score of greater than 8, as assessed while still on standard therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Chronic Spontaneous Urticaria Omalizumab Initial PBS Authority Application - Supporting Information Form which must include:
  - (i) demonstration of failure to achieve an adequate response to standard therapy; and
  - (ii) drug names and doses of standard therapies that the patient has failed; and

(iii) a signed patient acknowledgment that cessation of therapy should be considered after the patient has demonstrated clinical benefit with omalizumab to re-evaluate the need for continued therapy. Any patient who ceases therapy and whose CSU relapses will need to re-initiate PBS-subsidised omalizumab as a new patient.

### omalizumab 150 mg/mL injection, 1 mL syringe

| 11176F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 2           | ..         | *820.00 | Xolair [NV]                 |

## ■ OMALIZUMAB

### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

#### (1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
  - (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
  - (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].
- All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

#### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

#### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

#### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

#### (5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

## Authority required

Uncontrolled severe asthma

Treatment Phase: Balance of supply

## Treatment criteria:

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## Clinical criteria:

- Patient must received insufficient therapy with this drug under the Initial 1 (new patients or recommencement of treatment in a new treatment cycle) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change of treatment) restriction to complete 32 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must not provide more than the balance of up to 32 weeks of treatment if the most recent authority approval was made under an Initial treatment restriction; OR
- The treatment must not provide more than the balance of up to 24 weeks of treatment if the most recent authority approval was made under the Continuing treatment restriction.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 11846L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 205.00  | Xolair [NV]                 |

## omalizumab 150 mg/mL injection, 1 mL syringe

| 11828M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 410.00  | Xolair [NV]                 |

## ■ OMALIZUMAB

### **Note** TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction. Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

(b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

(2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The Department of Human Services will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic

reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Authority approval for sufficient therapy to complete a maximum of 28 weeks of treatment under the initial restriction or 24 weeks of treatment under the continuing restriction may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Uncontrolled severe allergic asthma

Treatment Phase: Balance of supply in a patient aged 6 to 12 years

#### **Treatment criteria:**

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

#### **Clinical criteria:**

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the Initial restriction or up to 24 weeks treatment available under the Continuing restriction.

#### **omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe**

| 11962N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 205.00  | Xolair [NV]                 |

#### **omalizumab 150 mg/mL injection, 1 mL syringe**

| 11950Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | ..          | ..         | 410.00  | Xolair [NV]                 |

### ■ OMALIZUMAB

**Note** A proportion of patients respond to 150 mg 4-weekly so where a substantial improvement has been obtained with a 300 mg dose it is reasonable to back-titrate dose after initial treatment.

**Note** Cessation of therapy should be considered after the patient has demonstrated clinical benefit with omalizumab to re-evaluate the need for continued therapy. Any patient who ceases therapy and whose CSU relapses will need to re-initiate PBS-subsidised omalizumab as a new patient.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

#### **Authority required**

Severe chronic spontaneous urticaria

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a clinical immunologist; OR
- Must be treated by an allergist; OR
- Must be treated by a dermatologist; OR
- Must be treated by a general physician with expertise in the management of chronic spontaneous urticaria (CSU).

#### **Clinical criteria:**

- Patient must have demonstrated a response to the most recent PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks per authorised course of treatment under this restriction.

#### **omalizumab 150 mg/mL injection, 1 mL syringe**

| 11168T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *820.00 | Xolair [NV]                 |

### ■ OMALIZUMAB

#### **Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA**

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to

an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

(1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

(3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

(4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
- (ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
- (iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Uncontrolled severe asthma

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

**Clinical criteria:**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

**Population criteria:**

- Patient must be aged 12 years or older.

An adequate response to omalizumab treatment is defined as:

- (a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline, OR
- (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline or an increase in ACQ-5 score from baseline less than or equal to 0.5, OR
- (c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline (this criterion is only applicable for patients transitioned from the paediatric to the adolescent/adult restriction).

All applications for second and subsequent continuing treatments with this drug must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment, the assessment of oral corticosteroid dose or the assessment of time adjusted exacerbation rate must be made at around 20 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

Where treatment was ceased for clinical reasons despite the patient experiencing improvement, an assessment of the patient's response to treatment made at the time of treatment cessation or retrospectively will be considered to determine whether the patient demonstrated or sustained an adequate response to treatment.

A patient who fails to respond to treatment with this biological medicine for uncontrolled severe asthma will not be eligible to receive further PBS-subsidised treatment with this biological medicine for severe asthma within the current treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of this biological medicine consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for up to 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form(s); and
- (b) a completed Severe Asthma PBS Authority Application and Supporting Information Form which includes details of:
  - (i) maintenance oral corticosteroid dose; or
  - (ii) Asthma Control Questionnaire (ACQ-5) score including the date of assessment of the patient's symptoms; or
  - (iii) for patients transitioned from the paediatric to the adolescent/adult restrictions, confirmation that the exacerbation rate has reduced.

**omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe**

|        |               |             |            |         |                             |
|--------|---------------|-------------|------------|---------|-----------------------------|
| 11835X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|        | 1             | 5           | ..         | 205.00  | Xolair [NV]                 |

**omalizumab 150 mg/mL injection, 1 mL syringe**

|        |               |             |            |         |                             |
|--------|---------------|-------------|------------|---------|-----------------------------|
| 11824H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|        | 1             | 5           | ..         | 410.00  | Xolair [NV]                 |

**■ OMALIZUMAB****Note TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA**

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

## (b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

## (2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The Department of Human Services will assess response according to these revised baseline measurements.

## (3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

## (4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** It is recommended that an application for continuing treatment is submitted at the time of the 18 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.humanservices.gov.au](http://www.humanservices.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

## **Authority required**

Uncontrolled severe allergic asthma

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have a documented history of severe allergic asthma, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

## **Treatment criteria:**

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

An adequate response to omalizumab treatment is defined as:

(a) a reduction in the Asthma Control Questionnaire (ACQ-5) or ACQ-IA score of at least 0.5 from baseline, OR

(b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 or ACQ-IA score from baseline, OR

(c) a reduction in the time-adjusted exacerbation rates compared to the 12 months prior to baseline.

All applications for continuing treatment with omalizumab must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) or Asthma Control Questionnaire interviewer administered version (ACQ-IA) assessment of the patient's response to the prior course of treatment, the assessment of systemic corticosteroid dose, and the assessment of time-adjusted exacerbation rate must be made at around 20 weeks after the first dose of PBS-subsidised omalizumab so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The first assessment should, where possible, be completed by the same physician who initiated treatment with omalizumab. This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with omalizumab.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.



At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide for a continuing course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for 24 weeks of therapy.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Paediatric Severe Allergic Asthma Continuing PBS Authority Application - Supporting Information form which includes details of:
  - (i) maintenance oral corticosteroid dose; and
  - (ii) Asthma Control Questionnaire (ACQ-5) score; or
  - (iii) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.

#### omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 11946R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 205.00  | Xolair [NV]                 |

#### omalizumab 150 mg/mL injection, 1 mL syringe

| 11945Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 410.00  | Xolair [NV]                 |

### ■ OMALIZUMAB

#### Note TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ASTHMA

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines benralizumab, dupilumab, mepolizumab and omalizumab for uncontrolled severe asthma. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to benralizumab, dupilumab, mepolizumab and omalizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for uncontrolled severe asthma is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient currently receiving PBS-subsidised treatment as of 1 April 2021 is considered to have started a cycle of treatment. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Once a patient has either failed to achieve or sustain a response to treatment 4 times, they are deemed to have completed a single treatment cycle. They must have at least a 12-month break in PBS-subsidised biological medicine therapy before they are eligible to recommence another new treatment cycle [further details are under 'Recommencement of treatment after a treatment break in PBS-subsidised therapy' below].

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine is ceased until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for uncontrolled severe asthma.

##### (1) Initial treatment:

Applications for initial treatment should be made where:

- (i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 restriction); or
- (ii) a patient has received prior PBS-subsidised treatment with a biological medicine and wishes to recommence a new treatment cycle with this biological medicine following a treatment break in PBS-subsidised therapy (Initial 1 restriction); or
- (iii) a patient has received prior PBS-subsidised biological medicine therapy and wishes to trial an alternate biological medicine within the same treatment cycle (Initial 2 restriction) - [further details are under 'Swapping therapy' below].

All applications for initial treatment will be limited to provide for a maximum of up to 32 weeks of therapy of a biological medicine. It is recommended that a patient be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

##### (2) Continuing treatment:

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

##### (3) Baseline measurements to determine response:

Baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or oral corticosteroid dose submitted with the Initial authority application for a biological medicine must be used to determine whether an adequate response to treatment has been achieved or sustained.

For patients transitioned from the paediatric to the adolescent/adult restriction, the exacerbation history may also be used to determine response.

However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and these new baseline measurements may be used to assess response.

##### (4) Swapping therapy within the same treatment cycle.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate

biological medicine at any time by qualifying under an Initial 2 restriction.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within the same treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment with all 4 biological medicines in this treatment cycle.

(5) Re-commencement of a new treatment cycle after a treatment break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent new treatment cycle, following a break in PBS-subsidised therapy of at least 12 months (in patients who have failed to achieve or ceased to sustain a response to treatment 4 times within a treatment cycle), must re-qualify through an Initial 1 restriction.

(6) Monitoring of patients:

Omalizumab only:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** For copies of the ACQ and the calculation sheets please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** Special Pricing Arrangements apply.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

## **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 1 (New patients; or Recommencement of treatment in a new treatment cycle following a break in PBS subsidised biological medicine therapy)

## **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

## **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for severe asthma; OR
- Patient must have had a break in treatment from the most recently approved PBS-subsidised biological medicine for severe asthma, **AND**
- Patient must have a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by the following standard clinical features: (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; OR
- Patient must have a diagnosis of asthma from at least two physicians experienced in the management of patients with severe asthma, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, that is no more than 1 year old at the time of application, **AND**
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## **Population criteria:**

- Patient must be aged 12 years or older.

Optimised asthma therapy includes:

(i) Adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (ICS) plus long-acting beta-2 agonist (LABA) therapy for at least 12 months, unless contraindicated or not tolerated; **AND**

(ii) treatment with oral corticosteroids, either daily oral corticosteroids for at least 6 weeks, OR a cumulative dose of oral corticosteroids of at least 500 mg prednisolone equivalent in the previous 12 months, unless contraindicated or not tolerated. If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The initial IgE assessment must be no more than 12 months old at the time of application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

(a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, AND

(b) while receiving optimised asthma therapy in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, should be made at around 28 weeks after the first PBS-subsidised dose of this drug under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for severe asthma within the same treatment cycle.

A treatment break in PBS-subsidised biological medicine therapy of at least 12 months must be observed in a patient who has either failed to achieve or sustain a response to treatment with 4 biological medicines for severe asthma within the same treatment cycle.

The length of the break in therapy is measured from the date the most recent treatment with a PBS-subsidised biological medicine was administered until the date of the first application for recommencement of treatment with a biological medicine under the new treatment cycle.

There is no limit to the number of treatment cycles that a patient may undertake in their lifetime.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma PBS Authority Application - Supporting Information Form,

which includes the following:

- (i) details of prior optimised asthma drug therapy (date of commencement and duration of therapy); and
- (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
- (iii) the IgE result; and
- (iv) Asthma Control Questionnaire (ACQ-5) score.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe asthma

Treatment Phase: Initial treatment - Initial 2 (Change of treatment)

#### **Treatment criteria:**

- Must be treated by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months; OR
- Patient must have been diagnosed by a multidisciplinary severe asthma clinic team, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for severe asthma in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for severe asthma during the current treatment cycle, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE in the past 12 months or in the 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**

- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, measured no more than 12 months prior to initiating PBS-subsidised treatment with a biological medicine for severe asthma, **AND**
- Patient must not receive more than 32 weeks of treatment under this restriction, **AND**
- The treatment must not be used in combination with and within 4 weeks of another PBS-subsidised biological medicine prescribed for severe asthma.

## Population criteria:

- Patient must be aged 12 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Severe Asthma (omalizumab) Initial PBS Authority Application - Supporting Information Form, which includes the following:

- (i) Asthma Control Questionnaire (ACQ-5 item version) score (where a new baseline is being submitted or where the patient has responded to prior treatment); and
- (ii) the details of prior biological medicine treatment including the details of date and duration of treatment; and
- (iii) the IgE results; and
- (iv) the reason for switching therapy (e.g. failure of prior therapy, partial response to prior therapy, adverse event to prior therapy).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change therapy to this biological medicine, must be accompanied by the results of an ACQ-5 assessment of the patient's most recent course of PBS-subsidised biological medicine treatment. The assessment must have been made not more than 4 weeks after the last dose of biological medicine. Where a response assessment was not undertaken, the patient will be deemed to have failed to respond to treatment with that previous biological medicine.

An ACQ-5 assessment of the patient may be made at the time of application for treatment (to establish a new baseline score), but should be made again around 28 weeks after the first PBS-subsidised dose of this biological medicine under this restriction so that there is adequate time for a response to be demonstrated and for the application for the first continuing therapy to be processed.

This assessment, which will be used to determine eligibility for the first continuing treatment, should be conducted within 4 weeks of the date of assessment. To avoid an interruption of supply for the first continuing treatment, the assessment should be submitted no later than 2 weeks prior to the patient completing their current treatment course, unless the patient is currently on a treatment break. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with this biological medicine.

At the time of the authority application, medical practitioners should request an appropriate maximum quantity based on IgE level and body weight (refer to the TGA-approved Product Information) to be administered every 2 to 4 weeks and up to 7 repeats to provide for an initial course sufficient for up to 32 weeks of therapy.

A multidisciplinary severe asthma clinic team comprises of:

- A respiratory physician; and
- A pharmacist, nurse or asthma educator.

## omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 10118M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 205.00  | Xolair [NV]                 |

## omalizumab 150 mg/mL injection, 1 mL syringe

| 10109C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 7           | ..         | 410.00  | Xolair [NV]                 |

## ■ OMALIZUMAB

### Note TREATMENT OF PAEDIATRIC PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment:

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

All applications for initial treatment will be limited to provide for a maximum of 28 weeks of therapy for omalizumab.

(b) Continuing treatment:

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

(2) Baseline measurements to determine response:

The Department of Human Services will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) or ACQ-IA, systemic corticosteroid dose and time-adjusted exacerbation rate, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and The

Department of Human Services will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy:

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (systemic corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score or ACQ-IA, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Monitoring of patients:

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

**Note** Special Pricing Arrangements apply.

**Note** The Services Australia website ([www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)) has details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy.

**Note** For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or [medinfo.phauno@novartis.com](mailto:medinfo.phauno@novartis.com)

**Note** It is recommended that an application for continuing treatment is submitted at the time of the 22 to 26 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at [www.humanservices.gov.au](http://www.humanservices.gov.au) or [www.nationalasthma.org.au](http://www.nationalasthma.org.au)); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

#### **Authority required**

Uncontrolled severe allergic asthma

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have a diagnosis of asthma confirmed and documented by a paediatric respiratory physician, clinical immunologist, or allergist; or paediatrician or general physician experienced in the management of patients with severe asthma in consultation with a respiratory physician, defined by the following standard clinical features: forced expiratory volume (FEV1) reversibility or airway hyperresponsiveness or peak expiratory flow (PEF) variability, **AND**
- Patient must have a duration of asthma of at least 1 year, **AND**
- Patient must have past or current evidence of atopy, documented by skin prick testing or an in vitro measure of specific IgE, **AND**
- Patient must have total serum human immunoglobulin E greater than or equal to 30 IU/mL, **AND**
- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

#### **Population criteria:**

- Patient must be aged 6 to less than 12 years.

#### **Treatment criteria:**

- Must be treated by a paediatric respiratory physician, clinical immunologist, allergist; or paediatrician or general physician experienced in the management of patients with severe asthma, in consultation with a respiratory physician.

#### **Clinical criteria:**

- Patient must be under the care of the same physician for at least 6 months.

Optimised asthma therapy includes:

(i) Adherence to optimal inhaled therapy, including high dose inhaled corticosteroid (ICS) and long-acting beta-2 agonist (LABA) therapy for at least six months. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative; **AND**

(ii) treatment with at least 2 courses of oral or IV corticosteroids (daily or alternate day maintenance treatment courses, or 3-5 day exacerbation treatment courses), in the previous 12 months, unless contraindicated or not tolerated.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications (including those specified in the relevant TGA-approved Product Information) and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the Authority application.

The initial IgE assessment must be no more than 12 months old at the time of application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) An Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month (for children aged 6 to 10 years it is recommended that the Interviewer Administered version - the ACQ-IA be used), AND
- (b) while receiving optimised asthma therapy in the previous 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician. The Asthma Control Questionnaire (5 item version) or ACQ-IA assessment of the patient's response to this initial course of treatment, the assessment of oral corticosteroid dose, and the assessment of exacerbation rate should be made at around 24 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for continuing treatment, should be submitted within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted, the patient will be deemed to have failed to respond to treatment with omalizumab.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab of up to 28 weeks, consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Paediatric Severe Allergic Asthma Initial PBS Authority Application - Supporting Information form, which includes the following:
  - (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
  - (ii) details of severe exacerbation/s experienced in the past 12 months while receiving optimised asthma therapy (date and treatment); and
  - (iii) the IgE result; and
  - (iv) Asthma Control Questionnaire (ACQ-5) score; or
  - (v) Asthma Control Questionnaire interviewer administered version (ACQ-IA) score.

#### omalizumab 75 mg/0.5 mL injection, 0.5 mL syringe

| 10967F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 205.00  | Xolair [NV]                 |

#### omalizumab 150 mg/mL injection, 1 mL syringe

| 10973M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 6           | ..         | 410.00  | Xolair [NV]                 |

## COUGH AND COLD PREPARATIONS

### EXPECTORANTS, EXCL. COMBINATIONS WITH COUGH SUPPRESSANTS

#### Mucolytics

## DORNASE ALFA

**Note** It is highly desirable that all patients be included in the national cystic fibrosis patient database.

#### Authority required (STREAMLINED)

**5740**

Cystic fibrosis

#### Population criteria:

- Patient must be 5 years of age or older.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with dornase alfa at a dose of 2.5 mg daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

- (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND
- (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

#### Authority required (STREAMLINED)

**5634**

Cystic fibrosis

#### Clinical criteria:

- Patient must have a severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring hospital admissions more frequently than 3 times per year; OR
- Patient must have significant bronchiectasis on chest high resolution computed tomography scan; OR
- Patient must have severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; OR
- Patient must have severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy.

**Population criteria:**

- Patient must be less than 5 years of age.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented. Treatment with this drug should cease if there is not agreement of benefit, as there is always the possibility of harm from unnecessary use. Further reassessments must be undertaken and documented at six-monthly intervals.

**Authority required (STREAMLINED)****5635**

Cystic fibrosis

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have initiated treatment with dornase alfa at an age of less than 5 years, **AND**
- Patient must have undergone a comprehensive assessment which documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit.

**Population criteria:**

- Patient must be 5 years of age or older.

Further reassessments must be undertaken and documented at six-monthly intervals. Treatment with this drug should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

**dornase alfa 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules**

| 5704F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1916.92 | Pulmozyme [RO]              |

**■ MANNITOL**

**Note** It is highly desirable that all patients be included in the national cystic fibrosis patient database.

**Authority required (STREAMLINED)****7362**

Cystic fibrosis

**Clinical criteria:**

- The treatment must be as monotherapy, **AND**
- Patient must be intolerant or inadequately responsive to dornase alfa.

**Population criteria:**

- Patient must be 6 years of age or older.

Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

(1) the patient must demonstrate no deterioration in FEV1 compared to baseline; **AND**

(2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

**Authority required (STREAMLINED)****7367**

Cystic fibrosis

**Clinical criteria:**

- The treatment must be in combination with dornase alfa, **AND**
- Patient must be inadequately responsive to dornase alfa, **AND**
- Patient must have trialled hypertonic saline for this condition.

**Population criteria:**

- Patient must be 6 years of age or older.

Patient must have been assessed for bronchial hyperresponsiveness as per the TGA approved Product Information initiation dose assessment for this drug, prior to therapy with this drug, with a negative result.

Patient must be assessed at a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis or by a specialist physician or paediatrician in consultation with such a unit.

Prior to therapy with this drug, a baseline measurement of forced expiratory volume in 1 second (FEV1) must be undertaken during a stable period of the disease.

Initial therapy is limited to 3 months treatment with mannitol at a dose of 400 mg twice daily.

To be eligible for continued PBS-subsidised treatment with this drug following 3 months of initial treatment:

- (1) the patient must demonstrate no deterioration in FEV1 compared to baseline; AND
- (2) the patient or the patient's family (in the case of paediatric patients) and the treating physician(s) must report a benefit in the clinical status of the patient.

Further reassessments must be undertaken and documented at six-monthly intervals. Therapy with this drug should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.

## mannitol 40 mg powder for inhalation, 280 capsules

| 2015C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 4             | 5           | ..         | *1789.20 | Bronchitol [HT]             |

## OTHER RESPIRATORY SYSTEM PRODUCTS

### OTHER RESPIRATORY SYSTEM PRODUCTS

*Other respiratory system products*

## ELEXACAFTOR + TEZACAFTOR + IVACAFTOR (&) IVACAFTOR

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** For the purposes of this restriction, PBS-subsidised 'CFTR modulator' means ivacaftor, lumacaftor/ivacaftor, tezacaftor/ivacaftor and elexacaftor/ tezacaftor/ ivacaftor.

**Note** Special Pricing Arrangements apply.

### Authority required

Cystic fibrosis

Treatment Phase: Initial treatment

### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

### **Clinical criteria:**

- Patient must have at least one F508del mutation in the cystic fibrosis transmembrane conductance (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, prior to initiating treatment with this drug.

### **Population criteria:**

- Patient must be 12 years of age or older.

This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient having at least one F508del mutation - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

### Authority required

Cystic fibrosis

Treatment Phase: Continuing treatment

### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**



- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be 12 years of age or older.

This pharmaceutical benefit is not PBS-subsidised for this condition in a patient who is currently receiving one of the strong CYP3A4 inducers outlined in the Product Information.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**elexacator 100 mg + tezacaftor 50 mg + ivacaftor 75 mg tablet [56] (&) ivacaftor 150 mg tablet [28], 84**

| 12936W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21375.00 | Trikafta [VR]               |

**■ IVACAFTOR**

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment - New patients

**Clinical criteria:**

- Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**
- Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR
- Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**
- Patient must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be aged 12 months or older.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole. Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet once daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil. Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating G551D mutation or other gating (class III) mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics; and
- (5) sweat chloride result.

**Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**
- Patient must have received PBS-subsidised initial therapy with ivacaftor, given concomitantly with standard therapy, for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be aged 12 months or older.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole. Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of one tablet (150 mg) or one sachet once daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil. Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets or sachets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**ivacaftor 150 mg tablet, 56**

| 10170G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21375.00 | Kalydeco [VR]               |

**ivacaftor 75 mg granules, 56 sachets**

| 11098D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21375.00 | Kalydeco [VR]               |

**ivacaftor 50 mg granules, 56 sachets**

| 11105L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 21375.00 | Kalydeco [VR]               |

**■ LUMACAFTOR + IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elxacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

**Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**

- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

**Population criteria:**

- Patient must be aged between 6 and 11 years inclusive.
- Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be aged between 6 and 11 years inclusive.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**lumacaftor 100 mg + ivacaftor 125 mg tablet, 112**

| 11465K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 17812.50 | Orkambi [VR]                |

**■ LUMACAFTOR + IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: eleacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

## **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

## **Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

## **Population criteria:**

- Patient must be 12 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

## **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

## **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

## **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

## **Population criteria:**

- Patient must be 12 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

## **lumacaftor 200 mg + ivacaftor 125 mg tablet, 112**

| 11466L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 17812.50 | Orkambi [VR]                |

## **■ LUMACFTOR + IVACFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
 Or mailed to:  
 Services Australia  
 Complex Drugs  
 Reply Paid 9826  
 HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elxacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition.

#### **Population criteria:**

- Patient must be 2 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

- Patient must be 2 years of age or older.

Lumacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort.

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin.

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **lumacaftor 100 mg + ivacaftor 125 mg granules, 56 sachets**

| 11866M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ±1            | 5           | ..         | 17812.50 | Orkambi [VR]                |

**lumacaftor 150 mg + ivacaftor 188 mg granules, 56 sachets**

| 11851R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | ‡1            | 5           | ..         | 17812.50 | Orkambi [VR]                |

**■ TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elxacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

**Authority required**

Cystic fibrosis - homozygous for the F508del mutation

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must be homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities.

**Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient being homozygous for the F508del mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient; and
- (4) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**Authority required**

Cystic fibrosis - homozygous for the F508del mutation

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

**tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56**

| 11854X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 19950.00 | Symdeko [VR]                |

**■ TEZACAFTOR + IVACAFTOR (&) IVACAFTOR**

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

**Note** For the purposes of this restriction, CFTR modulators, regardless if they are available as a single drug or in combination, are currently: elexacaftor, ivacaftor, lumacaftor, tezacaftor.

**Note** Special Pricing Arrangements apply.

**Authority required**

Cystic fibrosis - one residual function (RF) mutation

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

**Clinical criteria:**

- Patient must have at least one residual function (RF) mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor with ivacaftor, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition, **AND**
- Patient must have either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities.

**Population criteria:**

- Patient must be 12 years of age or older.

For the purposes of this restriction, the list of mutations considered to be responsive to tezacaftor with ivacaftor is defined in the TGA approved product information.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Authority Application Supporting Information Form; and
- (3) details of the pathology report substantiating the patient having at least one RF mutation on the CFTR gene - quote each of the: (i) name of the pathology report provider, (ii) date of pathology report, (iii) unique identifying number/code that links the pathology result to the individual patient ; and
- (4) CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **Authority required**

Cystic fibrosis - one residual function (RF) mutation

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a specialist respiratory physician with expertise in cystic fibrosis or in consultation with a specialist respiratory physician with expertise in cystic fibrosis if attendance is not possible due to geographic isolation, **AND**
- Must be treated in a centre with expertise in cystic fibrosis or in consultation with a centre with expertise in cystic fibrosis if attendance is not possible due to geographic isolation.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapy for this condition, **AND**
- The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

- Patient must be 12 years of age or older.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg and ivacaftor 150 mg tablets on alternate days if the patient is concomitantly receiving one of the following moderate CYP3A4 drugs inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Dosage of tezacaftor with ivacaftor is tezacaftor 100 mg/ivacaftor 150 mg twice weekly (approximately 3 or 4 days apart) if the patient is concomitantly receiving one of the following strong CYP3A4 inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Tezacaftor with ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort;

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin;

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription; and
- (2) a completed Cystic Fibrosis Continuing Authority Application Supporting Information Form; and
- (3) current CYP3A4 inhibitors, CYP3A4 inducers and IV antibiotics.

#### **tezacaftor 100 mg + ivacaftor 150 mg tablet [28] (&) ivacaftor 150 mg tablet [28], 56**

| 11863J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 19950.00 | Symdeko [VR]                |

## ■ VARIOUS

## ■ ALL OTHER THERAPEUTIC PRODUCTS

### ALL OTHER THERAPEUTIC PRODUCTS

#### *Iron chelating agents*

## ■ DEFERASIROX

#### **Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis.

#### **Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia.



**deferasirox 180 mg tablet, 30**

| 11556F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *1272.18 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11533B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *2544.30 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 90 mg tablet, 30**

| 11499F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 5           | ..         | *636.12 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**■ DEFERASIROX**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis.

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia.

**deferasirox 125 mg dispersible tablet, 28**

| 11247Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | 5           | ..         | *593.70 | Deferasirox Juno [JU]       |

**deferasirox 250 mg dispersible tablet, 28**

| 11240N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 5           | ..         | *1187.34 | Deferasirox Juno [JU]       |

**deferasirox 500 mg dispersible tablet, 28**

| 11234G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 5           | ..         | *2374.68 | Deferasirox Juno [JU]       |

**■ DEFERASIROX**

**Note** A patient's median life expectancy is determined by the severity of their underlying disease.

**Note** Patients with underlying myelodysplastic syndrome are considered to have a median life expectancy exceeding five years if they are classified as:

- low risk according to the International Prognostic Scoring System (IPSS); or
- very low and low risk according to the Revised International Prognostic Scoring System (IPSS-R); or
- very low and low risk according to the WHO classification based Prognostic Scoring System (WPSS).

**Note** Patients with underlying myelofibrosis have a median life expectancy exceeding five years if they are classified as:

- low or intermediate risk according to the International Prognostic Scoring System (IPSS); or
- low or intermediate-1 risk according to Dynamic International Prognostic Scoring System (DIPSS).

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a serum ferritin level of greater than 1000 microgram/L, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have a median life expectancy exceeding five years.

**deferasirox 180 mg tablet, 30**

| 11500G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *1272.18 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11536E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *2544.30 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 90 mg tablet, 30**

| 11519G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *636.12 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**■ DEFERASIROX****Authority required (STREAMLINED)****8328**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be transfusion dependent, **AND**
- Patient must not have a malignant disorder of erythropoiesis, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Authority required (STREAMLINED)****8329**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must not be transfusion dependent, **AND**
- The condition must be thalassaemia, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Authority required (STREAMLINED)****8326**

Chronic iron overload

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have previously received PBS-subsidised therapy with deferasirox for this condition.

**Note** Interruption of treatment should be considered if serum ferritin levels fall consistently below 500 microgram/mL.**deferasirox 180 mg tablet, 30**

| 11535D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *1272.18 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 360 mg tablet, 30**

| 11555E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *2544.30 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 90 mg tablet, 30**

| 11534C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                                         |
|--------|---------------|-------------|------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|        | 6             | 2           | ..         | *636.12 | <sup>a</sup> CIPLA DEFERASIROX [LR]<br><sup>a</sup> Deferasirox Sandoz [SZ]<br><sup>a</sup> Eferas [AF]<br><sup>a</sup> Pharmacor Deferasirox FC [CR] | <sup>a</sup> Deferasirox ARX [XT]<br><sup>a</sup> DEFERASIROX-TEVA [TB]<br><sup>a</sup> Jadenu [NM] |

**deferasirox 125 mg dispersible tablet, 28**

| 5654N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 6             | 2           | ..         | *593.70 | Deferasirox Juno [JU]       |

**deferasirox 250 mg dispersible tablet, 28**

| 5655P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 6             | 2           | ..         | *1187.34 | Deferasirox Juno [JU]       |

**deferasirox 500 mg dispersible tablet, 28**

| 5656Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 6             | 2           | ..         | *2374.68 | Deferasirox Juno [JU]       |

**▪ DEFERASIROX**

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 888 333.

**Note** A patient's median life expectancy is determined by the severity of their underlying disease.

**Note** Patients with underlying myelodysplastic syndrome are considered to have a median life expectancy exceeding five years if they are classified as:

- low risk according to the International Prognostic Scoring System (IPSS); or
- very low and low risk according to the Revised International Prognostic Scoring System (IPSS-R); or
- very low and low risk according to the WHO classification based Prognostic Scoring System (WPSS).

**Note** Patients with underlying myelofibrosis have a median life expectancy exceeding five years if they are classified as:

- low or intermediate risk according to the International Prognostic Scoring System (IPSS); or
- low or intermediate-1 risk according to Dynamic International Prognostic Scoring System (DIPSS).

**Authority required**

Chronic iron overload

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must be red blood cell transfusion dependent, **AND**
- Patient must have a serum ferritin level of greater than 1000 microgram/L, **AND**
- Patient must have a malignant disorder of haemopoiesis, **AND**
- Patient must have a median life expectancy exceeding five years.

**deferasirox 125 mg dispersible tablet, 28**

| 11235H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 6             | 2           | ..         | *593.70 | Deferasirox Juno [JU]       |

**deferasirox 250 mg dispersible tablet, 28**

| 11239M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *1187.34 | Deferasirox Juno [JU]       |

**deferasirox 500 mg dispersible tablet, 28**

| 11231D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 2           | ..         | *2374.68 | Deferasirox Juno [JU]       |

**▪ DEFERIPRONE****Authority required (STREAMLINED)**

**6448**

Iron overload

**Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be unable to take desferrioxamine therapy.

**Authority required (STREAMLINED)**

**6403**

Iron overload

**Clinical criteria:**

- Patient must have thalassaemia major, **AND**
- Patient must be one in whom desferrioxamine therapy has proven ineffective.

**deferiprone 1 g tablet, 50**

| 11747G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 6             | 5           | ..         | *2311.38 | Ferriprox [EU]              |

**deferiprone 100 mg/mL oral liquid, 250 mL**

| 5658T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 5             | 5           | ..         | *963.10 | Ferriprox [EU]              |

**deferiprone 500 mg tablet, 100**

| 5657R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 3             | 5           | ..         | *1155.69 | Feriprox [EU]               |

**■ DEFERRIOXAMINE****Authority required (STREAMLINED)****6394**

Disorders of erythropoiesis

**Clinical criteria:**

- The condition must be associated with treatment-related chronic iron overload.

**desferrioxamine mesilate 2 g injection, 1 vial**

| 5661Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|----------|-----------------------------------|
|       | 60            | 5           | ..         | *1868.40 | DBL Desferrioxamine Mesilate [PF] |

**desferrioxamine mesilate 500 mg injection, 10 vials**

| 5662B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer       |
|-------|---------------|-------------|------------|----------|-----------------------------------|
|       | 40            | 5           | ..         | *5555.20 | DBL Desferrioxamine Mesilate [PF] |

***Drugs for treatment of hyperkalemia and hyperphosphatemia*****■ LANTHANUM****Authority required (STREAMLINED)****5530**

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

**Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

**Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

**lanthanum 500 mg chewable tablet, 2 x 45**

| 5780F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *447.62 | Fosrenol [TK]               |

**lanthanum 750 mg chewable tablet, 6 x 15**

| 5781G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *675.94 | Fosrenol [TK]               |

**lanthanum 1 g chewable tablet, 6 x 15**

| 5782H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *760.96 | Fosrenol [TK]               |

**■ SEVELAMER**

**Note** Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

**Authority required (STREAMLINED)****5530**

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

**Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

**Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

**sevelamer hydrochloride 800 mg tablet, 180**

| 9546K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *354.48 | <sup>a</sup> Renagel [GZ]   |

**sevelamer carbonate 800 mg tablet, 180**

| 11855Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|---------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *354.48 | <sup>a</sup> Sevelamer Apotex [TX] | <sup>a</sup> Sevelamer Lupin [GQ] |

**▪ SUCROFERRIC OXYHYDROXIDE****Authority required (STREAMLINED)****5530**

Hyperphosphataemia

Treatment Phase: Initiation and stabilisation

**Clinical criteria:**

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

**Treatment criteria:**

- Patient must be undergoing dialysis for chronic kidney disease.

**sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90**

| 10233N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 2             | 5           | ..         | *715.78 | Velphoro [VL]               |

# Highly Specialised Drugs Program (Community Access)

|                                                                      |     |
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## SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

## PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

### HYPOTHALAMIC HORMONES

#### Somatostatin and analogues

#### LANREOTIDE

##### Authority required (STREAMLINED)

**7532**

Acromegaly

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**
- The treatment must be after failure of other therapy including dopamine agonists; OR
- The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
- The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
- The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
- The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

##### Authority required (STREAMLINED)

**7509**

Functional carcinoid tumour

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

#### lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe

| 11289E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *3686.66 | 42.50    | Somatuline Autogel [IS]     |

#### lanreotide 60 mg/0.5 mL injection, 0.5 mL syringe

| 11315M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *2232.74 | 42.50    | Somatuline Autogel [IS]     |

#### lanreotide 90 mg/0.5 mL injection, 0.5 mL syringe

| 11316N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *2955.64 | 42.50    | Somatuline Autogel [IS]     |

#### LANREOTIDE

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

##### Authority required (STREAMLINED)

**10075**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

##### **Population criteria:**

- Patient must be aged 18 years or older.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

## SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

### lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe

| 11736Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *3686.66 | 42.50    | Somatuline Autogel [IS]     |

### ■ OCTREOTIDE

#### Authority required (STREAMLINED)

**8197**

Acromegaly

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
  - The condition must be controlled with octreotide immediate release injections, **AND**
  - The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
  - The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
  - The treatment must not be given concomitantly with PBS-subsidised lanreotide or pegvisomant for this condition.
- In a patient treated with radiotherapy, octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission

#### Authority required (STREAMLINED)

**8208**

Functional carcinoid tumour

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

#### Authority required (STREAMLINED)

**8198**

Vasoactive intestinal peptide secreting tumour (VIPoma)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved symptom control on octreotide immediate release injections, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with octreotide immediate release injections.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

### octreotide 10 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

| 11501H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *2661.50 | 42.50    | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

### octreotide 20 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

| 11537F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *3527.40 | 42.50    | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

### octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

| 11512X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *4046.40 | 42.50    | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

### ■ OCTREOTIDE

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

#### Authority required (STREAMLINED)

**10075**

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

#### **Population criteria:**

- Patient must be aged 18 years or older.



WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

### octreotide 30 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

| 11896D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer        | Brand Name and Manufacturer       |
|--------|---------------|-------------|------------|----------|----------|------------------------------------|-----------------------------------|
|        | 2             | 5           | ..         | *4046.40 | 42.50    | <sup>a</sup> Octreotide Depot [TB] | <sup>a</sup> Sandostatin LAR [NV] |

## ■ ANTIINFECTIVES FOR SYSTEMIC USE

## ■ ANTIVIRALS FOR SYSTEMIC USE

### DIRECT ACTING ANTIVIRALS

### ■ CABOTEGRAVIR (&) RILPIVIRINE

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

**Note** Special Pricing Arrangements apply.

**Note** It is recommended that patients have previously received 4 weeks of PBS-subsidised initial oral lead-in treatment with cabotegravir and rilpivirine.

#### Authority required (STREAMLINED)

**12636**

HIV infection

#### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

### cabotegravir 600 mg/3 mL modified release injection [3 mL vial] (&) rilpivirine 900 mg/3 mL modified release injection [3 mL vial], 1 pack

| 12937X    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 2827.78 | 42.50    | Cabenuva [VI]               |

*Nucleosides and nucleotides excl. reverse transcriptase inhibitors*

### ■ GANCICLOVIR

#### Authority required (STREAMLINED)

**5000**

Cytomegalovirus retinitis

#### Clinical criteria:

- Patient must be severely immunocompromised, including due to HIV infection.

### ganciclovir 500 mg injection, 5 vials

| 10328N    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer       |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------------|
| <b>NP</b> | 2             | 1           | ..         | *249.24 | 42.50    | <sup>a</sup> Cymevene [PB]  | <sup>a</sup> GANCICLOVIR SXP [XC] |

### ■ VALGANCICLOVIR

#### Authority required (STREAMLINED)

**4980**

Cytomegalovirus retinitis

#### Clinical criteria:

- Patient must have HIV infection.

### valganciclovir 50 mg/mL powder for oral liquid, 100 mL

| 10277X    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|-----------|----------|-----------------------------|
| <b>NP</b> | 11            | 5           | ..         | *#4397.13 | 42.50    | Valcyte [RO]                |

### valganciclovir 450 mg tablet, 60

| 10306K    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer             | Brand Name and Manufacturer            |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------------------|----------------------------------------|
| <b>NP</b> | 2             | 5           | ..         | *1143.32 | 42.50    | <sup>a</sup> VALGANCICLOVIR HETERO [GG] | <sup>a</sup> Valganciclovir Mylan [AF] |

<sup>a</sup> Valganciclovir Sandoz [SZ]

*Protease inhibitors*

### ■ ATAANAVIR

#### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**

- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**atazanavir 200 mg capsule, 60**

| 10349Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *841.00 | 42.50    | Reyataz [BQ]                |

▪ **ATAZANAVIR**

**Note** Pharmaceutical benefits that have the form atazanavir 300 mg capsule, 30 and pharmaceutical benefits that have the form atazanavir 300 mg capsule, 60 are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**atazanavir 300 mg capsule, 30**

| 10321F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *632.68 | 42.50    | Reyataz [BQ]                |

▪ **ATAZANAVIR + COBICISTAT**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**atazanavir 300 mg + cobicistat 150 mg tablet, 30**

| 10692R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *713.58 | 42.50    | Evotaz [BQ]                 |

▪ **DARUNAVIR**

**Note** Pharmaceutical benefits that have the forms darunavir tablet 600 mg, 2 x 30 and darunavir tablet 600 mg (as ethanolate), 60 are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**5094**

Human immunodeficiency virus (HIV) infection

**Clinical criteria:**

- The treatment must be in addition to optimised background therapy, **AND**
- The treatment must be in combination with other antiretroviral agents, **AND**
- The treatment must be co-administered with 100 mg ritonavir twice daily, **AND**
- Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

#### darunavir 600 mg tablet, 60

| 10329P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1392.74 | 42.50    | <sup>a</sup> Prezista [JC]  |

#### darunavir 600 mg tablet, 2 x 30

| 12946J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer      |
|--------|---------------|-------------|------------|----------|----------|----------------------------------|
| NP     | 2             | 5           | ..         | *1392.74 | 42.50    | <sup>a</sup> Darunavir Juno [JU] |

### ■ DARUNAVIR

**Note** Pharmaceutical benefits that have the form darunavir tablet 800 mg and pharmaceutical benefits that have the form darunavir tablet 800 mg (as ethanolate) are equivalent for the purposes of substitution.

#### Authority required (STREAMLINED)

**4313**

Human immunodeficiency virus (HIV) infection

#### **Clinical criteria:**

- The treatment must be in addition to optimised background therapy, **AND**
  - The treatment must be in combination with other antiretroviral agents, **AND**
  - The treatment must be co-administered with 100 mg ritonavir, **AND**
  - Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen, **AND**
  - Patient must not have demonstrated darunavir resistance associated mutations detected on resistance testing.
- Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

#### darunavir 800 mg tablet, 30

| 10367P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *940.28 | 42.50    | <sup>a</sup> Prezista [JC]  |

#### darunavir 800 mg tablet, 30

| 12111K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer      |
|--------|---------------|-------------|------------|---------|----------|----------------------------------|
| NP     | 2             | 5           | ..         | *940.28 | 42.50    | <sup>a</sup> Darunavir Juno [JU] |

### ■ FOSAMPRENAVIR

#### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

#### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

#### fosamprenavir 700 mg tablet, 60

| 10337C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *648.36 | 42.50    | Telzir [VI]                 |

### ■ RITONAVIR

#### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

#### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

## Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### ritonavir 100 mg tablet, 30

| 10273Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 24            | 5           | ..         | *837.94 | 42.50    | Norvir [VE]                 |

## ■ SAQUINAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### saquinavir 500 mg tablet, 120

| 10335Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *861.92 | 42.50    | Invirase [RO]               |

*Nucleoside and nucleotide reverse transcriptase inhibitors*

## ■ ABACAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### abacavir 20 mg/mL oral liquid, 240 mL

| 10356C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 8             | 5           | ..         | *562.90 | 42.50    | Ziagen [VI]                 |

### abacavir 300 mg tablet, 60

| 10294T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *484.20 | 42.50    | Ziagen [VI]                 |

## ■ ADEFOVIR

**Note** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

### Authority required (STREAMLINED)

**4490**

Chronic hepatitis B infection

### Clinical criteria:

- Patient must not have cirrhosis, **AND**
- Patient must have failed antihepadnaviral therapy, **AND**
- Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR
- Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

### Authority required (STREAMLINED)

**4510**

Chronic hepatitis B infection

**Clinical criteria:**

- Patient must have cirrhosis, **AND**
- Patient must have failed antihepadnaviral therapy, **AND**
- Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**adefovir dipivoxil 10 mg tablet, 30**

| 10290N    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |  |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|--|
| <b>NP</b> | 2             | 5           | ..         | *898.52 | 42.50    | APO-Adefovir [TX]           |  |

**■ ENTECAVIR****Authority required (STREAMLINED)****4993**

Chronic hepatitis B infection

**Clinical criteria:**

- Patient must not have cirrhosis, **AND**
- Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR
- Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**
- Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

**Authority required (STREAMLINED)****5036**

Chronic hepatitis B infection

**Clinical criteria:**

- Patient must have cirrhosis, **AND**
- Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**entecavir 500 microgram tablet, 30**

| 10279B    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                 |                                                                                                            |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>NP</b> | 2             | 5           | ..         | *136.28 | 42.50    | <sup>a</sup> ENTAC [LR]<br><sup>a</sup> Entecavir GH [GQ]<br><sup>a</sup> ENTECAVIR RBX [RA]<br><sup>a</sup> ENTECLUDE [RW] | <sup>a</sup> ENTECAVIR APO [GX]<br><sup>a</sup> Entecavir Mylan [AF]<br><sup>a</sup> Entecavir Sandoz [SZ] |

**■ ENTECAVIR**

**Note** PBS-subsidised entecavir monohydrate must be used as monotherapy.

**Authority required (STREAMLINED)****5044**

Chronic hepatitis B infection

**Clinical criteria:**

- Patient must not have cirrhosis, **AND**
- Patient must have failed lamivudine, **AND**
- Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR
- Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

**Authority required (STREAMLINED)****5037**

Chronic hepatitis B infection

**Clinical criteria:**

- Patient must have cirrhosis, **AND**
- Patient must have failed lamivudine, **AND**
- Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**entecavir 1 mg tablet, 30**

| 10353X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |                                 |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|---------------------------------|
|        | 2             | 5           | ..         | *216.74 | 42.50    | <sup>a</sup> ENTAC [LR]     | <sup>a</sup> ENTECAVIR APO [GX] |

<sup>a</sup> Entecavir GH [GQ]  
<sup>a</sup> ENTECAVIR RBX [RA]  
<sup>a</sup> ENTECLUDE [RW]

<sup>a</sup> Entecavir Mylan [AF]  
<sup>a</sup> Entecavir Sandoz [SZ]

NP

## ■ LAMIVUDINE

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### **lamivudine 10 mg/mL oral liquid, 240 mL**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10320E | 8             | 5           | ..         | *473.54 | 42.50    | 3TC [VI]                    |

NP

### **lamivudine 150 mg tablet, 60**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------------------|
| 10348P | 2             | 5           | ..         | *144.04 | 42.50    | <sup>a</sup> 3TC [VI]       | <sup>a</sup> Lamivudine Alphapharm [AF] |

NP

### **lamivudine 300 mg tablet, 30**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------------------|
| 10311Q | 2             | 5           | ..         | *144.04 | 42.50    | <sup>a</sup> 3TC [VI]       | <sup>a</sup> Lamivudine Alphapharm [AF] |

NP

## ■ LAMIVUDINE

### Authority required (STREAMLINED)

**4993**

Chronic hepatitis B infection

#### **Clinical criteria:**

- Patient must not have cirrhosis, **AND**
- Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR
- Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**
- Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

### Authority required (STREAMLINED)

**5036**

Chronic hepatitis B infection

#### **Clinical criteria:**

- Patient must have cirrhosis, **AND**
  - Patient must have detectable HBV DNA.
- Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

### **lamivudine 100 mg tablet, 28**

|        | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|-------------------|---------|----------|-----------------------------|
| 10315X | 2             | 5           | ..                | *81.18  | 42.50    | <sup>a</sup> Zetlam [AF]    |
|        |               |             | <sup>B</sup> 3.48 | *84.66  | 42.50    | <sup>a</sup> Zeffix [RW]    |

NP

## ■ TENOFOVIR DISOPROXIL

**Note** Pharmaceutical benefits that have the forms tenofovir disoproxil phosphate 291 mg tablet, tenofovir disoproxil maleate 300 mg tablet, and tenofovir disoproxil fumarate 300 mg tablet are equivalent for the purposes of substitution.

**Note** Treatment is intended to prevent mother-to-child transmission of hepatitis B in the third trimester of pregnancy and to reduce the risk of viral reactivation in the mother up to 12 weeks post-partum.

### Authority required (STREAMLINED)

**10362**

Chronic hepatitis B infection

#### **Clinical criteria:**

- Patient must be in the third trimester of pregnancy, **AND**

- Patient must have elevated HBV DNA levels greater than 200,000 IU/mL (1,000,000 copies/mL), in conjunction with documented hepatitis B infection.

#### tenofovir disoproxil fumarate 300 mg tablet, 30

| 11992E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                    | Brand Name and Manufacturer        |
|--------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------|------------------------------------|
| NP     | 2             | 2           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir APOTEX [TX]<br><sup>a</sup> Viread [GI] | <sup>a</sup> Tenofovir Sandoz [SZ] |

#### tenofovir disoproxil phosphate 291 mg tablet, 30

| 11978K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 2             | 2           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir GH [GQ] |

#### tenofovir disoproxil maleate 300 mg tablet, 30

| 11982P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                  |
|--------|---------------|-------------|------------|---------|----------|----------------------------------------------|
| NP     | 2             | 2           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir Disoproxil Mylan [AF] |

### ■ TENOFOVIR DISOPROXIL

**Note** Pharmaceutical benefits that have the forms tenofovir disoproxil phosphate 291 mg tablet, tenofovir disoproxil maleate 300 mg tablet, and tenofovir disoproxil fumarate 300 mg tablet are equivalent for the purposes of substitution.

#### Authority required (STREAMLINED)

##### 6998

HIV infection

Treatment Phase: Initial

##### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

#### Authority required (STREAMLINED)

##### 6982

HIV infection

Treatment Phase: Continuing

##### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

#### Authority required (STREAMLINED)

##### 6980

Chronic hepatitis B infection

##### Clinical criteria:

- Patient must have cirrhosis, **AND**
- Patient must be nucleoside analogue naive, **AND**
- Patient must have detectable HBV DNA, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Note** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

#### Authority required (STREAMLINED)

##### 6992

Chronic hepatitis B infection

##### Clinical criteria:

- Patient must not have cirrhosis, **AND**
- Patient must be nucleoside analogue naive, **AND**
- Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR
- Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**
- Patient must have evidence of chronic liver injury determined by: (i) confirmed elevated serum ALT; or (ii) liver biopsy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Note** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

#### Authority required (STREAMLINED)

##### 6983

Chronic hepatitis B infection

##### Clinical criteria:

- Patient must have cirrhosis, **AND**
- Patient must have failed antihepadnaviral therapy, **AND**
- Patient must have detectable HBV DNA.

## ANTIINFECTIVES FOR SYSTEMIC USE

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Note** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

### **Authority required (STREAMLINED)**

**6984**

Chronic hepatitis B infection

#### **Clinical criteria:**

- Patient must not have cirrhosis, **AND**
- Patient must have failed antihepadnaviral therapy, **AND**
- Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR
- Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

**Note** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

### **tenofovir disoproxil fumarate 300 mg tablet, 30**

| 10310P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                    | Brand Name and Manufacturer        |
|--------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------|------------------------------------|
| NP     | 2             | 5           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir APOTEX [TX]<br><sup>a</sup> Viread [GI] | <sup>a</sup> Tenofovir Sandoz [SZ] |

### **tenofovir disoproxil phosphate 291 mg tablet, 30**

| 11142K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 2             | 5           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir GH [GQ] |

### **tenofovir disoproxil maleate 300 mg tablet, 30**

| 11155D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                  |
|--------|---------------|-------------|------------|---------|----------|----------------------------------------------|
| NP     | 2             | 5           | ..         | *417.54 | 42.50    | <sup>a</sup> Tenofovir Disoproxil Mylan [AF] |

## ▪ ZIDOVUDINE

### **Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### **Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### **zidovudine 100 mg capsule, 100**

| 10266H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 4             | 5           | ..         | *702.06 | 42.50    | Retrovir [VI]               |

### **zidovudine 50 mg/5 mL oral liquid, 200 mL**

| 10361H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 15            | 5           | ..         | *576.58 | 42.50    | Retrovir [VI]               |

### **zidovudine 250 mg capsule, 40**

| 10360G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 6             | 5           | ..         | *1049.14 | 42.50    | Retrovir [VI]               |

## *Non-nucleoside reverse transcriptase inhibitors*

## ▪ EFAVIRENZ

### **Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.



**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**efavirenz 200 mg tablet, 90**

|           |               |             |            |         |          |                             |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10336B    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| <b>NP</b> | 2             | 5           | ..         | *466.60 | 42.50    | Stocrin [MK]                |

**efavirenz 600 mg tablet, 30**

|           |               |             |            |         |          |                             |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10366N    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| <b>NP</b> | 2             | 5           | ..         | *466.60 | 42.50    | Stocrin [MK]                |

**▪ ETRAVIRINE****Authority required (STREAMLINED)****5014**

HIV infection

**Clinical criteria:**

- The treatment must be in addition to optimised background therapy, **AND**
  - The treatment must be in combination with other antiretroviral agents, **AND**
  - Patient must be antiretroviral experienced, **AND**
  - Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.
- Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

**etravirine 200 mg tablet, 60**

|           |               |             |            |          |          |                             |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10301E    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
| <b>NP</b> | 2             | 5           | ..         | *1102.00 | 42.50    | Intelence [JC]              |

**▪ NEVIRAPINE****Authority required (STREAMLINED)****4526**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must have been stabilised on nevirapine immediate release, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**nevirapine 400 mg modified release tablet, 30**

|           |               |             |            |         |          |                             |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10303G    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| <b>NP</b> | 2             | 5           | ..         | *156.50 | 42.50    | Viramune XR [BY]            |

**▪ NEVIRAPINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

## ANTIINFECTIVES FOR SYSTEMIC USE

- The treatment must be in combination with other antiretroviral agents.

### nevirapine 10 mg/mL oral liquid, 240 mL

| 10319D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 10            | 5           | ..         | *1397.78 | 42.50    | Viramune [BY]               |

### nevirapine 200 mg tablet, 60

| 10304H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *156.50 | 42.50    | Nevirapine Alphapharm [AF]  |

## ■ RILPIVIRINE

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### rilpivirine 25 mg tablet, 30

| 10298B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *544.42 | 42.50    | Edurant [JC]                |

### *Integrase inhibitors*

## ■ CABOTEGRAVIR

**Note** No increase in the maximum quantity or number of units may be authorised.

**Note** No increase in the maximum number of repeats may be authorised.

### Authority required (STREAMLINED)

**12619**

HIV infection

#### Clinical criteria:

- Patient must be virologically suppressed on a stable antiretroviral regimen for at least 6 months, **AND**
- The treatment must be in combination with rilpivirine tablets, **AND**
- Patient must intend to proceed to treatment with intramuscular administration of cabotegravir and rilpivirine.

### cabotegravir 30 mg tablet, 30

| 12939B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 1             | ..          | ..         | 665.34  | 42.50    | Vocabria [VI]               |

## ■ DOLUTEGRAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### Clinical criteria:

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### dolutegravir 50 mg tablet, 30

| 10283F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1312.32 | 42.50    | Tivicay [VI]                |

## ■ RALTEGRAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### **raltegravir 400 mg tablet, 60**

| 10286J      | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>(NP)</b> | 2             | 5           | ..         | *1185.86 | 42.50    | Isentress [MK]              |

### **raltegravir 600 mg tablet, 60**

| 11248B      | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>(NP)</b> | 2             | 5           | ..         | *1185.86 | 42.50    | Isentress HD [MK]           |

## ■ RALTEGRAVIR

### Authority required (STREAMLINED)

**4275**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- The treatment must be in combination with other antiretroviral agents, **AND**
- Patient must be antiretroviral experienced with at least 6 months therapy with 2 alternate classes of anti-retroviral therapy, **AND**
- Patient must have a CD4 count of less than 500 per cubic millimetre; OR
- Patient must have symptomatic HIV disease.

#### **Population criteria:**

- Patient must be aged 2 years or older.

### Authority required (STREAMLINED)

**4274**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

- The treatment must be in combination with other antiretroviral agents, **AND**
- Patient must be antiretroviral experienced with at least 6 months therapy with 2 alternate classes of anti-retroviral therapy, **AND**
- Patient must have previously received PBS-subsidised therapy for HIV infection.

#### **Population criteria:**

- Patient must be aged 2 years or older.

### **raltegravir 25 mg chewable tablet, 60**

| 10299C      | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>(NP)</b> | 6             | 5           | ..         | *457.96 | 42.50    | Isentress [MK]              |

### **raltegravir 100 mg chewable tablet, 60**

| 10326L      | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>(NP)</b> | 6             | 5           | ..         | *1779.22 | 42.50    | Isentress [MK]              |

### *Antivirals for treatment of HIV infections, combinations*

## ■ ABACAVIR + LAMIVUDINE

**Note** Pharmaceutical benefits that have the form tablet containing abacavir 600 mg (as sulfate) with lamivudine 300 mg and pharmaceutical benefits that have the form tablet containing abacavir 600 mg (as hydrochloride) with lamivudine 300 mg are equivalent for the purposes of substitution.

### Authority required (STREAMLINED)

**4527**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

## Population criteria:

- Patient must be aged 12 years or older, **AND**
- Patient must weigh 40 kg or more.

## Authority required (STREAMLINED)

**4528**

HIV infection

Treatment Phase: Continuing

## Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

## Population criteria:

- Patient must be aged 12 years or older, **AND**
- Patient must weigh 40 kg or more.

## abacavir 600 mg + lamivudine 300 mg tablet, 30

| 10357D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                   | Brand Name and Manufacturer                 |
|--------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------------------------|---------------------------------------------|
| NP     | 2             | 5           | ..         | *232.84 | 42.50    | <sup>a</sup> ABACAVIR/LAMIVUDINE 600/300 SUN [RA]<br><sup>a</sup> Kivexa [VI] | <sup>a</sup> Abacavir/Lamivudine Mylan [AF] |

## abacavir 600 mg + lamivudine 300 mg tablet, 30

| 11246X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                      |
|--------|---------------|-------------|------------|---------|----------|--------------------------------------------------|
| NP     | 2             | 5           | ..         | *232.84 | 42.50    | <sup>a</sup> Abacavir/Lamivudine GH 600/300 [GQ] |

## ■ ABACAVIR + LAMIVUDINE + ZIDOVUDINE

### Authority required (STREAMLINED)

**4495**

HIV infection

Treatment Phase: Initial

## Clinical criteria:

- Patient must be antiretroviral treatment naive.

## Population criteria:

- Patient must be aged 12 years or older, **AND**
- Patient must weigh 40 kg or more.

## Authority required (STREAMLINED)

**4480**

HIV infection

Treatment Phase: Continuing

## Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection.

## Population criteria:

- Patient must be aged 12 years or older, **AND**
- Patient must weigh 40 kg or more.

## abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tablet, 60

| 10305J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *507.08 | 42.50    | Trizivir [VI]               |

## ■ BICTEGRAVIR + EMTRICITABINE + TENOFOVIR ALAFENAMIDE

### Authority required (STREAMLINED)

**4522**

HIV infection

Treatment Phase: Initial

## Clinical criteria:

- Patient must be antiretroviral treatment naive.

## Authority required (STREAMLINED)

**4470**

HIV infection

Treatment Phase: Continuing

## Clinical criteria:

- Patient must have previously received PBS-subsidised therapy for HIV infection.

## bictegravir 50 mg + emtricitabine 200 mg + tenofovir alafenamide 25 mg tablet, 30

| 11649D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1848.46 | 42.50    | Biktarvy [GI]               |

## ■ DARUNAVIR + COBICISTAT

### Authority required (STREAMLINED)

**6413**

Human immunodeficiency virus (HIV) infection

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents, **AND**
- The treatment must not be in combination with ritonavir.

**Note** The cobicistat component of the darunavir + cobicistat combination product provides the necessary pharmacokinetic enhancement of darunavir to achieve therapeutic levels of darunavir.

### Authority required (STREAMLINED)

**6428**

Human immunodeficiency virus (HIV) infection

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents, **AND**
- The treatment must not be in combination with ritonavir.

**Note** The cobicistat component of the darunavir + cobicistat combination product provides the necessary pharmacokinetic enhancement of darunavir to achieve therapeutic levels of darunavir.

### Authority required (STREAMLINED)

**6377**

Human immunodeficiency virus (HIV) infection

#### **Clinical criteria:**

- The treatment must be in addition to optimised background therapy, **AND**
- The treatment must be in combination with other antiretroviral agents, **AND**
- The treatment must not be in combination with ritonavir, **AND**
- Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

**Note** The cobicistat component of the darunavir + cobicistat combination product provides the necessary pharmacokinetic enhancement of darunavir to achieve therapeutic levels of darunavir.

## darunavir 800 mg + cobicistat 150 mg tablet, 30

| 10903W    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 5           | ..         | *953.26 | 42.50    | Prezcobix [JC]              |

## ■ DARUNAVIR + COBICISTAT + EMTRICITABINE + TENOFOVIR ALAFENAMIDE

**Note** The cobicistat component of the darunavir + cobicistat combination product provides the necessary pharmacokinetic enhancement of darunavir to achieve therapeutic levels of darunavir.

### Authority required (STREAMLINED)

**10324**

HIV infection

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a medical practitioner or an authorised nurse practitioner in consultation with a medical practitioner.

#### **Clinical criteria:**

- Patient must be antiretroviral treatment naive; OR
- Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen, **AND**
- The treatment must not be in combination with ritonavir.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

### Authority required (STREAMLINED)

**10317**

HIV infection

Treatment Phase: Continuing treatment

#### **Treatment criteria:**

- Must be treated by a medical practitioner or an authorised nurse practitioner in consultation with a medical practitioner.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must not be in combination with ritonavir.

## ANTIINFECTIVES FOR SYSTEMIC USE

### darunavir 800 mg + cobicistat 150 mg + emtricitabine 200 mg + tenofovir alafenamide 10 mg tablet, 30

| 11955F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1854.96 | 42.50    | Symtuza [JC]                |

#### ■ DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE

##### Authority required (STREAMLINED)

**9981**

HIV infection

Treatment Phase: Initial treatment

##### **Clinical criteria:**

- Patient must be antiretroviral treatment naive.

##### Authority required (STREAMLINED)

**10116**

HIV infection

Treatment Phase: Continuing treatment

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection.

### dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30

| 110345L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|---------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP      | 2             | 5           | ..         | *1442.58 | 42.50    | Triumeq [VI]                |

#### ■ DOLUTEGRAVIR + LAMIVUDINE

##### Authority required (STREAMLINED)

**9987**

HIV infection

Treatment Phase: Initial treatment

##### **Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- Patient must not have suspected resistance to either antiretroviral component.

##### Authority required (STREAMLINED)

**11066**

HIV infection

Treatment Phase: Continuing or change of treatment

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection.

### dolutegravir 50 mg + lamivudine 300 mg tablet, 30

| 11843H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1443.34 | 42.50    | Dovato [VI]                 |

#### ■ DOLUTEGRAVIR + RILPIVIRINE

##### Authority required (STREAMLINED)

**8214**

HIV infection

Treatment Phase: Initial treatment

##### **Clinical criteria:**

- Patient must be virologically suppressed on a stable antiretroviral regimen for at least 6 months, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

##### Authority required (STREAMLINED)

**8226**

HIV infection

Treatment Phase: Continuing treatment

##### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

### dolutegravir 50 mg + rilpivirine 25 mg tablet, 30

| 11540J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1732.64 | 42.50    | Juluca [VI]                 |

#### ■ EMTRICITABINE + RILPIVIRINE + TENOFOVIR ALAFENAMIDE

##### Authority required (STREAMLINED)

**4522**

HIV infection

Treatment Phase: Initial

##### **Clinical criteria:**

- Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)**

**4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection.

**emtricitabine 200 mg + rilpivirine 25 mg + tenofovir alafenamide 25 mg tablet, 30**

| 11104K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1963.90 | 42.50    | Odefsey [GI]                |

▪ **EMTRICITABINE + TENOFOVIR ALAFENAMIDE**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**emtricitabine 200 mg + tenofovir alafenamide 10 mg tablet, 30**

| 11099E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1447.90 | 42.50    | Descovy [GI]                |

**emtricitabine 200 mg + tenofovir alafenamide 25 mg tablet, 30**

| 11113X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1447.90 | 42.50    | Descovy [GI]                |

▪ **LAMIVUDINE + ZIDOVUDINE**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

**lamivudine 150 mg + zidovudine 300 mg tablet, 60**

| 10284G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer                                        |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|--------------------------------------------------------------------|
| NP     | 2             | 5           | ..         | *217.88 | 42.50    | <sup>a</sup> Combivir [VI]  | <sup>a</sup> Lamivudine 150 mg + Zidovudine 300 mg Alphapharm [AF] |

▪ **LOPINAVIR + RITONAVIR**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

## ANTIINFECTIVES FOR SYSTEMIC USE

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### lopinavir 400 mg/5 mL + ritonavir 100 mg/5 mL oral liquid, 60 mL

| 10327M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 10            | 5           | ..         | *1309.28 | 42.50    | Kaletra [VE]                |

### lopinavir 100 mg + ritonavir 25 mg tablet, 60

| 10285H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *355.98 | 42.50    | Kaletra [VE]                |

### lopinavir 200 mg + ritonavir 50 mg tablet, 120

| 10272P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1387.00 | 42.50    | Kaletra [VE]                |

## ■ TENOFOVIR ALAFENAMIDE + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT

**Authority required (STREAMLINED)**

**4522**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)**

**4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection.

### tenofovir alafenamide 10 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30

| 11114Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 2             | 5           | ..         | *1963.90 | 42.50    | Genvoya [GI]                |

## ■ TENOFOVIR DISOPROXIL + EMTRICITABINE

**Note** Pharmaceutical benefits that have the forms tenofovir disoproxil phosphate 291 mg with emtricitabine 200 mg tablet, tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

**Authority required (STREAMLINED)**

**6985**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive, **AND**
- The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**6986**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**
- The treatment must be in combination with other antiretroviral agents.

### tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

| 10347N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                               | Brand Name and Manufacturer                              |
|--------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------|----------------------------------------------------------|
| NP     | 2             | 5           | ..         | *81.98  | 42.50    | <sup>a</sup> CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR] | <sup>a</sup> Tenofovir/Emtricitabine 300/200 APOTEX [TX] |

### tenofovir disoproxil phosphate 291 mg + emtricitabine 200 mg tablet, 30

| 11146P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer        |
|--------|---------------|-------------|------------|---------|----------|------------------------------------|
| NP     | 2             | 5           | ..         | *81.98  | 42.50    | <sup>a</sup> Tenofovir EMT GH [GQ] |



**tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30**

| 11149T    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                              |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------------------------------------------------|
| <b>NP</b> | 2             | 5           | ..         | *81.98  | 42.50    | <sup>a</sup> Tenofovir Disoproxil<br>Emtricitabine Mylan 300/200<br>[AF] |

**tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30**

| 12506F    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                 |
|-----------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------|
| <b>NP</b> | 2             | 5           | ..         | *81.98  | 42.50    | <sup>a</sup> Tenofovir/Emtricitabine Sandoz<br>301/200 [SZ] |

**■ TENOFOVIR DISOPROXIL + EMTRICITABINE + EFAVIRENZ****Authority required (STREAMLINED)****4522**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

- Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)****4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy for HIV infection.

**tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30**

| 11732L    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                               |
|-----------|---------------|-------------|------------|---------|----------|---------------------------------------------------------------------------|
| <b>NP</b> | 2             | 5           | ..         | *494.08 | 42.50    | Tenofovir<br>Disoproxil/Emtricitabine/Efavirenz<br>Mylan 300/200/600 [AF] |

**Other antiretrovirals****■ MARAVIROC****Authority required (STREAMLINED)****5008**

HIV infection

**Clinical criteria:**

- Patient must be infected with CCR5-tropic HIV-1, **AND**
- The treatment must be in addition to optimised background therapy, **AND**
- The treatment must be in combination with other antiretroviral agents, **AND**
- Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

A tropism assay to determine CCR5 only strain status must be performed prior to initiation. Individuals with CXCR4 tropism demonstrated at any time point are not eligible.

**maraviroc 150 mg tablet, 60**

| 10318C    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>NP</b> | 2             | 5           | ..         | *1617.06 | 42.50    | Celsentri [VI]              |

**maraviroc 300 mg tablet, 60**

| 10355B    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>NP</b> | 2             | 5           | ..         | *1617.06 | 42.50    | Celsentri [VI]              |

**■ NERVOUS SYSTEM****■ PSYCHOLEPTICS****ANTIPSYCHOTICS***Diazepines, oxazepines, thiazepines and oxepines***■ CLOZAPINE**

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Pfizer ClopineCentral.

**Authority required (STREAMLINED)****4998**

Schizophrenia

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a psychiatrist; OR
- Must be treated by an authorised medical practitioner, with the agreement of the treating psychiatrist.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy with this drug for this condition, **AND**
  - Patient must have completed at least 18 weeks therapy, **AND**
  - Patient must be on a clozapine dosage considered stable by a treating psychiatrist, **AND**
  - The treatment must be under the supervision and direction of a psychiatrist reviewing the patient at regular intervals.
- A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**clozapine 50 mg/mL oral liquid, 100 mL**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 11422E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | ±1            | ..          | ..         | 148.18  | 42.50    | Versacloz [PF]              |

**■ CLOZAPINE**

**Note** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS), Pfizer ClopineCentral or Juno Connected Clozitor.

**Authority required (STREAMLINED)**
**4998**

Schizophrenia

Treatment Phase: Continuing treatment

**Treatment criteria:**

- Must be treated by a psychiatrist; OR
- Must be treated by an authorised medical practitioner, with the agreement of the treating psychiatrist.

**Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy with this drug for this condition, **AND**
  - Patient must have completed at least 18 weeks therapy, **AND**
  - Patient must be on a clozapine dosage considered stable by a treating psychiatrist, **AND**
  - The treatment must be under the supervision and direction of a psychiatrist reviewing the patient at regular intervals.
- A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**clozapine 50 mg/mL oral liquid, 100 mL**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10341G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 1             | ..          | ..         | 148.18  | 42.50    | Clopine Suspension [PF]     |

**clozapine 100 mg tablet, 100**

|        |               |             |            |         |          |                                   |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------------|-----------------------------|
| 10358E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer       | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *259.86 | 42.50    | Clopine 100 [PF]<br>Clozitor [JU] | Clozaril 100 [GO]           |

**clozapine 200 mg tablet, 100**

|        |               |             |            |         |          |                             |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
| 10288L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *511.94 | 42.50    | Clopine 200 [PF]            | Clozitor [JU]               |

**clozapine 25 mg tablet, 100**

|        |               |             |            |         |          |                                  |                             |
|--------|---------------|-------------|------------|---------|----------|----------------------------------|-----------------------------|
| 10289M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer      | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *76.42  | 42.50    | Clopine 25 [PF]<br>Clozitor [JU] | Clozaril 25 [GO]            |

**clozapine 50 mg tablet, 100**

|        |               |             |            |         |          |                             |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
| 10302F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *142.24 | 42.50    | Clopine 50 [PF]             | Clozitor [JU]               |

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# Botulinum Toxin Program

|                                                    |     |
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## ■ MUSCULO-SKELETAL SYSTEM

## ■ MUSCLE RELAXANTS

### MUSCLE RELAXANTS, PERIPHERALLY ACTING AGENTS

*Other muscle relaxants, peripherally acting agents*

## ■ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

#### Authority required (STREAMLINED)

**5221**

Blepharospasm or hemifacial spasm

#### **Clinical criteria:**

- Patient must have blepharospasm; OR
- Patient must have hemifacial spasm.

#### **Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an ophthalmologist; OR
- Must be treated by an otolaryngology head and neck surgeon; OR
- Must be treated by a plastic surgeon.

#### **Population criteria:**

- Patient must be aged 12 years or older.

#### botulinum toxin type A 100 units injection, 1 vial

| 10997T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

## ■ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

#### Authority required (STREAMLINED)

**5406**

Spasmodic torticollis

#### **Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be as adjunctive therapy to current standard care.

#### **Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a rehabilitation specialist.

#### botulinum toxin type A 100 units injection, 1 vial

| 11023E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

## ■ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** Special Pricing Arrangements apply.

#### Authority required (STREAMLINED)

**5409**

Urinary incontinence

#### **Clinical criteria:**

- The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study, **AND**
- The condition must be inadequately controlled by anti-cholinergic therapy, **AND**
- Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with Botulinum Toxin Type A Neurotoxin Complex, **AND**
- Patient must be willing and able to self-catheterise, **AND**
- The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment, **AND**
- Patient must have multiple sclerosis; OR
- Patient must have a spinal cord injury; OR
- Patient must be aged 18 years or older and have spina bifida.

#### **Treatment criteria:**

- Must be treated by a urologist; OR

- Must be treated by a urogynaecologist.

**botulinum toxin type A 100 units injection, 1 vial**

| 10993N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

**▪ BOTULINUM TOXIN TYPE A**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)****5359**

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist.

**Authority required (STREAMLINED)****8822**

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist.

**botulinum toxin type A 100 units injection, 1 vial**

| 10998W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

**▪ BOTULINUM TOXIN TYPE A**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)****5178**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon.

**Authority required (STREAMLINED)****8929**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR

## MUSCULO-SKELETAL SYSTEM

- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon.

### botulinum toxin type A 100 units injection, 1 vial

| 10999X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

### ▪ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** Special Pricing Arrangements apply.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

#### Authority required (STREAMLINED)

**11784**

Chronic migraine

#### **Treatment criteria:**

- Must be treated by a neurologist.

#### **Clinical criteria:**

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of headache days per month after two treatment cycles (each of 12 weeks duration) in order to be eligible for continuing PBS-subsidised treatment, **AND**
- Patient must be appropriately managed by his or her practitioner for medication overuse headache, prior to initiation of treatment with botulinum toxin.

#### **Population criteria:**

- Patient must be aged 18 years or older.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

### botulinum toxin type A 100 units injection, 1 vial

| 11000Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

### ▪ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** Special Pricing Arrangements apply.

#### Authority required (STREAMLINED)

**6953**

Urinary incontinence

#### **Treatment criteria:**

- Must be treated by a urologist; OR
- Must be treated by a gynaecologist.

#### **Clinical criteria:**

- The condition must be due to idiopathic overactive bladder, **AND**
- The condition must have been inadequately controlled by therapy involving at least two alternative anti-cholinergic agents, **AND**
- Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin type A neurotoxin complex, **AND**
- Patient must be willing and able to self-catheterise, **AND**
- The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment.

#### **Population criteria:**

- Patient must be aged 18 years or older.

### botulinum toxin type A 100 units injection, 1 vial

| 11004E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

### ▪ BOTULINUM TOXIN TYPE A

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** Special Pricing Arrangements apply.

#### Authority required (STREAMLINED)

**5408**

Severe primary axillary hyperhidrosis

**Clinical criteria:**

- Patient must have previously failed topical aluminium chloride hexahydrate after one to two months of treatment; OR
- Patient must be intolerant to topical aluminium chloride hexahydrate treatment.

**Population criteria:**

- Patient must be aged 12 years or older.

**Treatment criteria:**

- Must be treated by a dermatologist; OR
- Must be treated by a neurologist; OR
- Must be treated by a paediatrician.

Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments.

**botulinum toxin type A 100 units injection, 1 vial**

| 11016T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

**▪ BOTULINUM TOXIN TYPE A****Caution** Contraindications to treatment include known sensitivity to botulinum toxin.**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.**Note** Special Pricing Arrangements apply.**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.**Authority required (STREAMLINED)****9334**

Moderate to severe spasticity of the lower limb following an acute event

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a geriatrician.

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the lower limb/s following stroke or other acute neurological event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; OR
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating of at least 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- Patient must not have established severe contracture in the limb to be treated, **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per lower limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per lower limb each year thereafter.

**Population criteria:**

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

**botulinum toxin type A 100 units injection, 1 vial**

| 11751L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

**▪ BOTULINUM TOXIN TYPE A****Caution** Contraindications to treatment include known sensitivity to botulinum toxin.**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.**Note** Special Pricing Arrangements apply.**Authority required (STREAMLINED)****9547**

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; OR
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**

- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter,

**AND**

- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**botulinum toxin type A 100 units injection, 1 vial**

| 12017L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1397.74 | 42.50    | Botox [AG]                  |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)**
**5405**

Blepharospasm or hemifacial spasm

**Clinical criteria:**

- Patient must have blepharospasm; OR
- Patient must have hemifacial spasm.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an ophthalmologist; OR
- Must be treated by an otolaryngology head and neck surgeon; OR
- Must be treated by a plastic surgeon.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 10987G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1222.34 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 11022D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1095.28 | 42.50    | Dysport [IS]                |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)**
**5406**

Spasmodic torticollis

**Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be as adjunctive therapy to current standard care.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a rehabilitation specialist.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 11007H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1222.34 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 11015R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1095.28 | 42.50    | Dysport [IS]                |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.



**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)**

**5178**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon.

**Authority required (STREAMLINED)**

**8929**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

- Patient must have cerebral palsy.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 12214W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1222.34 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 12178Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1095.28 | 42.50    | Dysport [IS]                |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)**

**5359**

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist.

**Authority required (STREAMLINED)**

**8822**

Dynamic equinus foot deformity

**Clinical criteria:**

- The condition must be due to spasticity, **AND**
- Patient must have cerebral palsy, **AND**
- Patient must be ambulant.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a paediatrician; OR
- Must be treated by a rehabilitation specialist.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 10981Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1222.34 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 11006G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1095.28 | 42.50    | Dysport [IS]                |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****9547**

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; OR
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter,

**AND**

- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 10982B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1222.34 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 10988H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1095.28 | 42.50    | Dysport [IS]                |

**■ CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****9334**

Moderate to severe spasticity of the lower limb following an acute event

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a geriatrician.

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the lower limb/s following stroke or other acute neurological event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; OR
- The treatment must only be used as an adjunct to physical therapy, **AND**

- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating of at least 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- Patient must not have established severe contracture in the limb to be treated, **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per lower limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per lower limb each year thereafter.

**Population criteria:**

- Patient must be aged 18 years or older.

Standard management includes physiotherapy and/or oral spasticity agents.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 vial**

| 11831Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 5             | ..          | ..         | *1515.98 | 42.50    | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 vial**

| 11857C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 3             | ..          | ..         | *1619.02 | 42.50    | Dysport [IS]                |

**■ INCOBOTULINUMTOXINA**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)****5360**

Blepharospasm

**Clinical criteria:**

- Patient must have blepharospasm.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an ophthalmologist; OR
- Must be treated by an otolaryngology head and neck surgeon; OR
- Must be treated by a plastic surgeon.

**incobotulinumtoxinA 100 units injection, 1 vial**

| 10994P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1472.78 | 42.50    | Xeomin [EJ]                 |

**■ INCOBOTULINUMTOXINA**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Authority required (STREAMLINED)****5222**

Spasmodic torticollis

**Clinical criteria:**

- Patient must have spasmodic torticollis, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be as adjunctive therapy to current standard care.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a rehabilitation specialist.

**Population criteria:**

- Patient must be aged 18 years or older.

**incobotulinumtoxinA 100 units injection, 1 vial**

| 11005F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1472.78 | 42.50    | Xeomin [EJ]                 |

**■ INCOBOTULINUMTOXINA**

**Caution** Contraindications to treatment include known sensitivity to botulinum toxin.

**Note** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note** An acute event may be a clinical or external event that leads to upper motor neuron lesions resulting in spasticity for example stroke, traumatic brain injury, spinal cord injury, infection or hypoxia.

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)****9547**

Moderate to severe spasticity of the upper limb following an acute event

**Clinical criteria:**

- The condition must be moderate to severe spasticity of the upper limb/s following an acute event, defined as a Modified Ashworth Scale rating of 3 or more, **AND**
- The treatment must only be used as second line therapy when standard management has failed; OR
- The treatment must only be used as an adjunct to physical therapy, **AND**
- The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (with any botulinum toxin type A), **AND**
- The treatment must not exceed a maximum of 4 treatment periods (with any botulinum toxin type A) per upper limb in the first year of treatment, and 2 treatment periods (with any botulinum toxin type A) per upper limb each year thereafter,

**AND**

- Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

- Patient must be aged 18 years or older.

**Treatment criteria:**

- Must be treated by a neurologist; OR
- Must be treated by an orthopaedic surgeon; OR
- Must be treated by a rehabilitation specialist; OR
- Must be treated by a plastic surgeon; OR
- Must be treated by a geriatrician.

Standard management includes physiotherapy and/or oral spasticity agents.

**incobotulinumtoxinA 100 units injection, 1 vial**

| 12087E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *1472.78 | 42.50    | Xeomin [EJ]                 |

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# Growth Hormone Program

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## SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

## PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

### ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

#### *Somatropin and somatropin agonists*

### SOMATROPIN

**Note** No increase in the maximum number of repeats may be authorised.

#### **Authority required**

Severe growth hormone deficiency

Treatment Phase: Initial treatment of late onset growth hormone deficiency

#### **Treatment criteria:**

- Must be treated by an endocrinologist.

#### **Clinical criteria:**

- Patient must have onset of growth hormone deficiency secondary to organic hypothalamic or pituitary disease diagnosed at chronological age of 18 years or older; OR
- Patient must have onset of growth hormone deficiency diagnosed after skeletal maturity (bone age greater than or equal to 15.5 years in males or 13.5 years in females) and before chronological age of 18 years, **AND**
- Patient must have a diagnostic insulin tolerance test with maximum serum growth hormone (GH) less than 2.5 micrograms per litre; OR
- Patient must have a diagnostic arginine infusion test with maximum serum GH less than 0.4 micrograms per litre; OR
- Patient must have a diagnostic glucagon provocation test with maximum serum GH less than 3 micrograms per litre.

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Severe Growth Hormone Deficiency supporting information form; AND
3. Results of the growth hormone stimulation testing, including the date of testing, the type of test performed, the peak growth hormone concentration, and laboratory reference range for age/gender.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

#### **Authority required**

Severe growth hormone deficiency

Treatment Phase: Continuing treatment in a person with a mature skeleton or aged 18 years or older

#### **Treatment criteria:**

- Must be treated by an endocrinologist.

#### **Clinical criteria:**

- Patient must have previously received PBS-subsidised therapy with this drug for this condition under an initial treatment restriction applying to a documented childhood onset growth hormone deficiency due to a congenital, genetic or structural cause in a patient with a mature skeleton, or, in a patient with Prader-Willi syndrome and chronological age of 18 years or older; OR
- Patient must have previously received PBS-subsidised therapy with this drug for this condition under an initial treatment restriction applying to late onset of growth hormone deficiency secondary to organic hypothalamic or pituitary disease in a patient with chronological age of 18 years or older; OR
- Patient must have previously received PBS-subsidised therapy with this drug for this condition under an initial treatment restriction applying to late onset of growth hormone deficiency diagnosed after skeletal maturity (bone age greater than or equal to 15.5 years in males or 13.5 years in females) and before chronological age of 18 years.

**Note** Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see [www.servicesaustralia.gov.au/HPOS](http://www.servicesaustralia.gov.au/HPOS)) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

#### **Authority required**

Severe growth hormone deficiency

Treatment Phase: Initial treatment of childhood onset growth hormone deficiency in a patient who has received PBS-subsidised treatment as a child

#### **Treatment criteria:**

- Must be treated by an endocrinologist.

#### **Clinical criteria:**

- Patient must have a documented childhood onset growth hormone deficiency due to a congenital, genetic or structural cause, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition as a child.

**Population criteria:**

- Patient must have a mature skeleton; OR
- Patient must have a diagnosis of Prader-Willi syndrome and be aged 18 years or older.

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Severe Growth Hormone Deficiency supporting information form.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Severe growth hormone deficiency

Treatment Phase: Initial treatment of childhood onset growth hormone deficiency in a patient who has received non-PBS subsidised treatment as a child

**Treatment criteria:**

- Must be treated by an endocrinologist.

**Clinical criteria:**

- Patient must have a documented childhood onset growth hormone deficiency due to a congenital, genetic or structural cause, **AND**
- Patient must have previously received non-PBS subsidised treatment with this drug for this condition as a child, **AND**
- Patient must have current or historical evidence of an insulin tolerance test with maximum serum growth hormone (GH) less than 2.5 micrograms per litre; OR
- Patient must have current or historical evidence of an arginine infusion test with maximum serum GH less than 0.4 micrograms per litre; OR
- Patient must have current or historical evidence of a glucagon provocation test with maximum serum GH less than 3 micrograms per litre.

**Population criteria:**

- Patient must have a mature skeleton; OR
- Patient must have a diagnosis of Prader-Willi syndrome and be aged 18 years or older.

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Severe Growth Hormone Deficiency supporting information form; AND
3. Results of the growth hormone stimulation testing, including the date of testing, the type of test performed, the peak growth hormone concentration, and laboratory reference range for age/gender.

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**somatropin 12 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 11495B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 510.59  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 5 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 11493X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 217.29  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 10 mg/2 mL injection, 2 mL cartridge**

| 11650E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 426.80  | 42.50    | NutropinAq [IS]             |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 11895C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 217.29  | 42.50    | Norditropin FlexPro [NO]    |

■ **SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 160.1 cm; **OR**
- Patient must be female and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 148.0 cm.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation of the patient's maturational or constitutional delay status; **AND**
6. If the patient has maturational or constitutional delay, confirmation that the patient has an estimated mature height below the 1<sup>st</sup> adult height percentile; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Initial treatment

**Clinical criteria:**



- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Population criteria:

- Patient must be aged 3 years or older.

#### Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Initial treatment

## Clinical criteria:

- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be aged 3 years or older.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; **OR**  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (males chronological age 12 and over or bone age 10 and over, females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Confirmation that the patient has precocious puberty; **AND**
7. Confirmation that the patient is undergoing Gonadotropin Releasing Hormone agonist therapy, for pubertal suppression; **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of greater than 8 cm per year if the patient has a bone age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be aged 3 years or older.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR

- (b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- (c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND

7. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND

8. Confirmation that the patient has hypothalamic obesity; AND

9. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Testing for biochemical growth hormone deficiency must have been performed at a time when all other pituitary hormone deficits were being adequately replaced.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, AND
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, AND
- Patient must not have an active tumour or evidence of tumour growth or activity, AND
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, AND
- Patient must not have a height greater than or equal to 155.0 cm, AND
- Patient must not have a bone age of 13.5 years or greater.

#### **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR
- (b) A minimum of 6 months of recent growth data (height and weight) for older children (females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months; AND
5. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND
6. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Short stature associated with chronic renal insufficiency

Treatment Phase: Initial treatment

## Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## Clinical criteria:

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**

- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months; AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge**

| 10514J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | Omnitrope Surepal 10 [SZ]   |

**somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge**

| 6311E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 440.21  | 42.50    | SciTropin A [SA]            |

**somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge**

| 10446T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 656.43  | 42.50    | Omnitrope Surepal 15 [SZ]   |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 10518N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 224.00  | 42.50    | Omnitrope Surepal 5 [SZ]    |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 6476W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 224.00  | 42.50    | Scitropin A [SA]            |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**

- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 160.1 cm; OR
- Patient must be female and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 148.0 cm.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation of the patient's maturational or constitutional delay status; AND
6. If the patient has maturational or constitutional delay, confirmation that the patient has an estimated mature height below the 1<sup>st</sup> adult height percentile; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels, **AND**



- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test

(pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and a growth velocity below the 25th percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
5. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR

(b) A minimum of 6 months of recent growth data (height and weight) for older children (males chronological age 12 and over or bone age 10 and over, females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND

6. Confirmation that the patient has precocious puberty; AND

7. Confirmation that the patient is undergoing Gonadotropin Releasing Hormone agonist therapy, for pubertal suppression; AND

8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of greater than 14 cm per year if the patient has a chronological age of 2 years or less; OR
- Patient must have an annual growth velocity of greater than 8 cm per year if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
7. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
8. Confirmation that the patient has hypothalamic obesity; AND
9. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Testing for biochemical growth hormone deficiency must have been performed at a time when all other pituitary hormone deficits were being adequately replaced.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must not have a height greater than or equal to 155.0cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND

6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
6. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

#### **Clinical criteria:**

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Population criteria:

- Patient must be aged 3 years or older.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months; **AND**
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> ; **AND**
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### somatropin 12 mg/1.5 mL injection, 1.5 mL cartridge

| 5824M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 526.70  | 42.50    | Saizen [SG]                 |

#### somatropin 20 mg/2.5 mL injection, 2.5 mL cartridge

| 3388H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 872.64  | 42.50    | Saizen [SG]                 |

#### somatropin 6 mg/1.03 mL injection, 1.03 mL cartridge

| 5822K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 267.24  | 42.50    | Saizen [SG]                 |

### ■ SOMATROPIN

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Short stature and slow growth

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 160.1 cm; **OR**
- Patient must be female and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 148.0 cm.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation of the patient's maturational or constitutional delay status; **AND**
6. If the patient has maturational or constitutional delay, confirmation that the patient has an estimated mature height below the 1<sup>st</sup> adult height percentile; **AND**
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); **OR**



- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less; **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes; **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity; **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program; **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management; **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of

growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and a growth velocity below the 25th percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Initial treatment

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

**Clinical criteria:**

- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**

- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. Confirmation that the patient has a documented clinical risk of hypoglycaemia; **AND**
5. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; **OR**
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; **OR**
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; **OR**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (males chronological age 12 and over or bone age 10 and over, females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Confirmation that the patient has precocious puberty; AND
7. Confirmation that the patient is undergoing Gonadotropin Releasing Hormone agonist therapy, for pubertal suppression; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of greater than 14 cm per year if the patient has a chronological age of 2 years or less; OR
- Patient must have an annual growth velocity of greater than 8 cm per year if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**

- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
7. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
8. Confirmation that the patient has hypothalamic obesity; AND
9. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Testing for biochemical growth hormone deficiency must have been performed at a time when all other pituitary hormone deficits were being adequately replaced.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must not have a height greater than or equal to 155.0cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR

- (b) A minimum of 6 months of recent growth data (height and weight) for older children (females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).
- Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.
- In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND
6. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> ; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge**

| 5819G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 440.21  | 42.50    | Norditropin FlexPro [NO]    |

**somatropin 10 mg/2 mL injection, 2 mL cartridge**

| 9604L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 426.80  | 42.50    | NutropinAq [IS]             |

**somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge**

| 5820H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 656.43  | 42.50    | Norditropin FlexPro [NO]    |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 5818F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 217.29  | 42.50    | Norditropin FlexPro [NO]    |

## ■ SOMATROPIN

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### **Authority required**

Short stature and slow growth

Treatment Phase: Initial treatment

### **Clinical criteria:**

- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 160.1 cm; **OR**
- Patient must be female and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 148.0 cm.

### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation of the patient's maturational or constitutional delay status; **AND**
6. If the patient has maturational or constitutional delay, confirmation that the patient has an estimated mature height below the 1<sup>st</sup> adult height percentile; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Initial treatment

### **Clinical criteria:**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); **OR**



- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have had an intracranial lesion which is under appropriate observation and management; OR

- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and a growth velocity below the 25th percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
5. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**

- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (males chronological age 12 and over or bone age 10 and over, females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Confirmation that the patient has precocious puberty; **AND**
7. Confirmation that the patient is undergoing Gonadotropin Releasing Hormone agonist therapy, for pubertal suppression; **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**

- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have an annual growth velocity of greater than 14 cm per year if the patient has a chronological age of 2 years or less; OR
- Patient must have an annual growth velocity of greater than 8 cm per year if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
7. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
8. Confirmation that the patient has hypothalamic obesity; AND
9. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Testing for biochemical growth hormone deficiency must have been performed at a time when all other pituitary hormone deficits were being adequately replaced.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**

- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
  - Patient must not have a height greater than or equal to 155.0cm, **AND**
  - Patient must not have a bone age of 13.5 years or greater.
- The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; **OR**  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; **OR**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**

6. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND

7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

#### **Clinical criteria:**

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be prepubertal.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**somatropin 6 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 6169Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 267.24  | 42.50    | Humatrope [LY]              |

**somatropin 12 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 6170R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 526.70  | 42.50    | Humatrope [LY]              |

**somatropin 24 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 6345Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 1045.62 | 42.50    | Humatrope [LY]              |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 160.1 cm; **OR**
- Patient must be female and must not have maturational or constitutional delay in combination with an estimated mature height equal to or above 148.0 cm.

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation of the patient's maturational or constitutional delay status; **AND**
6. If the patient has maturational or constitutional delay, confirmation that the patient has an estimated mature height below the 1<sup>st</sup> adult height percentile; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).



Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and a growth velocity below the 25th percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> percentile for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR
- (b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
  6. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
  7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).
- Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.
- In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Initial treatment

## **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

## **Clinical criteria:**

- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
5. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Initial treatment

## **Clinical criteria:**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary

stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; OR  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (males chronological age 12 and over or bone age 10 and over, females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Confirmation that the patient has precocious puberty; AND
7. Confirmation that the patient is undergoing Gonadotropin Releasing Hormone agonist therapy, for pubertal suppression; AND
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary

- stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
  - Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
  - Patient must have hypothalamic obesity, **AND**
  - Patient must have a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
  - Patient must have an annual growth velocity of greater than 14 cm per year if the patient has a chronological age of 2 years or less; OR
  - Patient must have an annual growth velocity of greater than 8 cm per year if the patient has a bone or chronological age of 2.5 years or less, **AND**
  - Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
  - Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
  - Patient must be male and must not have a bone age of 15.5 years or more; OR
  - Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; **AND**
7. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; **AND**
8. Confirmation that the patient has hypothalamic obesity; **AND**
9. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Testing for biochemical growth hormone deficiency must have been performed at a time when all other pituitary hormone deficits were being adequately replaced.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Initial treatment

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must not have a height greater than or equal to 155.0cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; **AND**
3. (a) A minimum of 12 months of recent growth data (height and weight) at intervals no greater than six months. The most recent data must not be older than three months; **OR**  
(b) A minimum of 6 months of recent growth data (height and weight) for older children (females chronological age 10 and over or bone age 8 and over). The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; **OR**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex, **AND**
- Patient must have a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); **OR**
- Patient must have an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; **OR**
- Patient must have an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND
6. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Initial treatment

#### **Clinical criteria:**

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must have a current height at or below the 1<sup>st</sup> percentile for age and sex; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over a 12 month interval (or a 6 month interval for an older child); OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 14 cm per year or less if the patient has a chronological age of 2 years or less; OR
- Patient must have a current height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex and an annual growth velocity of 8 cm per year or less if the patient has a bone or chronological age of 2.5 years or less, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. (a) A minimum of 12 months of recent growth data (height and weight measurements) or a minimum of 6 months of recent growth data for an older child. The most recent data must not be more than three months old at the time of application; OR  
(b) Height and weight measurements, not more than three months old at the time of application, for a patient whose current height is at or below the 1<sup>st</sup> percentile for age and sex; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> ; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Short stature and poor body composition due to Prader-Willi syndrome

Treatment Phase: Initial treatment

## Clinical criteria:

- Patient must have diagnostic results consistent with Prader-Willi syndrome (the condition must be genetically proven); OR
- Patient must have a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist, **AND**
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with no sleep disorders identified; OR
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with sleep disorders identified which are not of sufficient severity to require treatment; OR
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with sleep disorders identified for which the patient is currently receiving ameliorative treatment, **AND**
- Patient must not have uncontrolled morbid obesity, defined as a body weight greater than 200% of ideal body weight for height and sex, with ideal body weight derived by calculating the 50th percentile weight for the patient's current height,

## AND

- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have previously received treatment under the PBS S100 Growth Hormone Program, **AND**
- Patient must not have a chronological age of 18 years or greater.

## Treatment criteria:

- Must be treated by a specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a specialist or consultant physician in general paediatrics in consultation with a nominated specialist or consultant physician in paediatric endocrinology.

The maximum duration of the initial treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for initial treatment; AND
3. A minimum of 6 months of recent growth data (height, weight and waist circumference). The most recent data must not be older than three months; AND
4. The date at which skeletal maturity was achieved (if applicable) [Note: In patients whose chronological age is greater than 2.5 years, a bone age reading should be performed at least once every 12 months prior to attainment of skeletal maturity]; AND
5. (a) Confirmation that the patient has diagnostic results consistent with Prader-Willi syndrome; OR  
(b) Confirmation that the patient has a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist
6. Confirmation that the patient has been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months and any sleep disorders identified via polysomnography that required treatment have been addressed; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with 1 repeat allowed)

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes

| 9628R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 189.41  | 42.50    | Genotropin MiniQuick [PF]   |

## somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes

| 6313G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 249.94  | 42.50    | Genotropin MiniQuick [PF]   |

## somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes

| 6314H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 310.48  | 42.50    | Genotropin MiniQuick [PF]   |



**somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 6315J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 371.02  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 6316K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 431.56  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 6317L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 492.11  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 6318M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 552.65  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 6319N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 613.18  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 12 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 9586M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 510.59  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 5 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 9585L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 217.29  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10902T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 128.86  | 42.50    | Genotropin MiniQuick [PF]   |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months; **AND**

5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

When a patient receiving treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants reaches or surpasses 5 years of age (chronological), prescribers should seek reclassification to the indication 'short stature due to biochemical growth hormone deficiency'.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND

3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an annualised growth velocity for bone age at or above the mean growth velocity for untreated Turner Syndrome girls (using the Turner Syndrome - Ranke growth velocity chart) while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

**Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication **short stature associated with chronic renal insufficiency**, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; AND
4. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).



Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**

- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Population criteria:

- Patient must be aged 3 years or older.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND

6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be aged 3 years or older.

### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. Confirmation that the patient has precocious puberty; AND
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

### Authority required

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment as a reclassified patient

### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

### AND

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline

abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; **AND**
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; **AND**
7. Confirmation that the patient has hypothalamic obesity; **AND**
8. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
9. A bone age result performed within the last 12 months; **AND**
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

## **Population criteria:**

- Patient must be aged 3 years or older.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A height measurement from immediately prior to commencement of growth hormone treatment; AND
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**



6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be aged 3 years or older.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30ml/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months; AND

The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

#### somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge

| 10441M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | SciTropin A [SA]            |

#### somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge

| 10506Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | Omnitrope Surepal 10 [SZ]   |

#### somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge

| 10490D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 656.43  | 42.50    | Omnitrope Surepal 15 [SZ]   |

#### somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge

| 10427T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 224.00  | 42.50    | Scitropin A [SA]            |

#### somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge

| 10507B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 224.00  | 42.50    | Omnitrope Surepal 5 [SZ]    |

### ■ SOMATROPIN

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Short stature and slow growth

Treatment Phase: Continuing treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

When a patient receiving treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants reaches or surpasses 5 years of age (chronological), prescribers should seek reclassification to the indication 'short stature due to biochemical growth hormone deficiency'.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an annualised growth velocity for bone age at or above the mean growth velocity for untreated Turner Syndrome girls (using the Turner Syndrome - Ranke growth velocity chart) while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.



**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

## **Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication **short stature associated with chronic renal insufficiency**, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; **AND**
4. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**

- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR

- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**

7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**

4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, AND
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, AND
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

#### **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels, AND
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), AND

- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; **AND**
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; **AND**
7. Confirmation that the patient has hypothalamic obesity; **AND**
8. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR



- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A height measurement from immediately prior to commencement of growth hormone treatment; **AND**
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; **AND**
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30ml/minute/1.73m<sup>2</sup> ; **AND**
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**

## SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

### somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge

| 10451C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | Norditropin FlexPro [NO]    |

### somatropin 10 mg/2 mL injection, 2 mL cartridge

| 10478L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 426.80  | 42.50    | NutropinAq [IS]             |

### somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge

| 10449Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 656.43  | 42.50    | Norditropin FlexPro [NO]    |

### somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge

| 10432C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 217.29  | 42.50    | Norditropin FlexPro [NO]    |

## ■ SOMATROPIN

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:

Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

### Authority required

Short stature and slow growth

Treatment Phase: Continuing treatment

### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**

- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
  - Patient must be female and must not have a height greater than or equal to 155.0cm.
- The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

When a patient receiving treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants reaches or surpasses 5 years of age (chronological), prescribers should seek reclassification to the indication 'short stature due to biochemical growth hormone deficiency'.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an annualised growth velocity for bone age at or above the mean growth velocity for untreated Turner Syndrome girls (using the Turner Syndrome - Ranke growth velocity chart) while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**



**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication **short stature associated with chronic renal insufficiency**, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; **AND**
4. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment as a reclassified patient

### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline

- abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
  - Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
  - Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
  - Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
  - Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
  - Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
  - Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must be male and must not have a bone age of 15.5 years or more; OR
  - Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**



- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A height measurement from immediately prior to commencement of growth hormone treatment; AND
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR

- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; **OR**
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; **OR**
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); **OR**
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); **OR**
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); **OR**
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); **OR**
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**

- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months; AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

## Authority required

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**

- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months; AND

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

**somatropin 12 mg/1.5 mL injection, 1.5 mL cartridge**

| 10483R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 526.70  | 42.50    | Saizen [SG]                 |

**somatropin 20 mg/2.5 mL injection, 2.5 mL cartridge**

| 10497L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 872.64  | 42.50    | Saizen [SG]                 |

**somatropin 6 mg/1.03 mL injection, 1.03 mL cartridge**

| 10462P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 267.24  | 42.50    | Saizen [SG]                 |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)

Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

## **Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

When a patient receiving treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants reaches or surpasses 5 years of age (chronological), prescribers should seek reclassification to the indication 'short stature due to biochemical growth hormone deficiency'.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR



- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an annualised growth velocity for bone age at or above the mean growth velocity for untreated Turner Syndrome girls (using the Turner Syndrome - Ranke growth velocity chart) while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Population criteria:**

- Patient must be prepubertal.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

## **Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication **short stature associated with chronic renal insufficiency**, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; AND
4. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone

stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment as a reclassified patient

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:



1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**

- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. Confirmation that the patient has precocious puberty; AND
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

## **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; **AND**
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; **AND**
7. Confirmation that the patient has hypothalamic obesity; **AND**
8. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A height measurement from immediately prior to commencement of growth hormone treatment; **AND**
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**

7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be prepubertal.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30ml/minute/1.73m<sup>2</sup> ; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

#### somatropin 6 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack

| 10482Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 267.24  | 42.50    | Humatrope [LY]              |

#### somatropin 12 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack

| 10487Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 526.70  | 42.50    | Humatrope [LY]              |

#### somatropin 24 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack

| 10476J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 1045.62 | 42.50    | Humatrope [LY]              |

### ■ SOMATROPIN

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

#### Authority required

Short stature and slow growth

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR



- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months; **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

**Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## Authority required

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**

- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months; **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## Authority required

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

If a patient receiving treatment under the indication 'short stature associated with chronic renal insufficiency' undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## Authority required

Short stature and slow growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR

- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be aged 3 years or older.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication short stature associated with chronic renal insufficiency, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; AND
4. Recent growth data (height and weight, not older than three months); AND
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR



- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants and has reached or surpassed 5 years of age (chronological); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. A bone age result performed within the last 12 months; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25th percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR

- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be aged 3 years or older.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Population criteria:

- Patient must be aged 3 years or older.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. Confirmation that the patient has precocious puberty; AND
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; AND
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment as a reclassified patient

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be aged 3 years or older.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Recent growth data (height and weight, not older than three months); AND
9. A bone age result performed within the last 12 months; AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## Population criteria:

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A height measurement from immediately prior to commencement of growth hormone treatment; AND
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
5. Recent growth data (height and weight, not older than three months); AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**

- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Population criteria:**

- Patient must be aged 3 years or older.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR



- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months; AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

**somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge**

| 10481P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | SciTropin A [SA]            |

**somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge**

| 10519P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | Omnitrope Surepal 10 [SZ]   |

**somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge**

| 10485W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 656.43  | 42.50    | Omnitrope Surepal 15 [SZ]   |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 10484T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 224.00  | 42.50    | Scitropin A [SA]            |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 10512G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 224.00  | 42.50    | Omnitrope Surepal 5 [SZ]    |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### Authority required

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**



continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

**Population criteria:**

- Patient must be prepubertal.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; **AND**
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

If a patient receiving treatment under the indication 'short stature associated with chronic renal insufficiency' undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication short stature associated with chronic renal insufficiency, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; **AND**
4. Recent growth data (height and weight, not older than three months); **AND**
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**

3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR

(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; OR

(c) Confirmation that the patient has previously received treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants and has reached or surpassed 5 years of age (chronological); AND

4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND

5. Recent growth data (height and weight, not older than three months); AND

6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; **OR**
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25th percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); **OR**
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; **OR**
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; **OR**
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; **OR**
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **OR**  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; **OR**  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); **OR**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; **AND**
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
  - Patient must have had a lapse in treatment, **AND**
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
  - Patient must have a structural lesion that is not neoplastic; OR
  - Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
  - Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**
  - Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
  - Patient must have hypothalamic obesity, **AND**
  - Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
  - Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
  - Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
  - Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
  - Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must be male and must not have a bone age of 15.5 years or more; OR
  - Patient must be female and must not have a bone age of 13.5 years or more.
- Treatment criteria:**
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR



- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Recent growth data (height and weight, not older than three months); AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A height measurement from immediately prior to commencement of growth hormone treatment; **AND**
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR

- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Population criteria:

- Patient must be prepubertal.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

**somatropin 6 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 10429X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 267.24  | 42.50    | Humatrope [LY]              |

**somatropin 12 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 10461N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 526.70  | 42.50    | Humatrope [LY]              |

**somatropin 24 mg injection [1 cartridge] (&) inert substance diluent [3.15 mL syringe], 1 pack**

| 10502R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 1045.62 | 42.50    | Humatrope [LY]              |

▪ **SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### Authority required

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR



- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## Authority required

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### Authority required

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; **AND**
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

If a patient receiving treatment under the indication 'short stature associated with chronic renal insufficiency' undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication short stature associated with chronic renal insufficiency, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; **AND**
4. Recent growth data (height and weight, not older than three months); **AND**
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR

continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient

was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR

(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; OR

(c) Confirmation that the patient has previously received treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants and has reached or surpassed 5 years of age (chronological); AND

4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND

5. Recent growth data (height and weight, not older than three months); AND

6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test

(pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**

- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25th percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR



- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; **AND**
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment as a reclassified patient

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
  - Patient must have had a lapse in treatment, **AND**
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-3 levels, **AND**
  - Patient must have a structural lesion that is not neoplastic; OR
  - Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
  - Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**
  - Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
  - Patient must have hypothalamic obesity, **AND**
  - Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
  - Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
  - Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
  - Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
  - Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must be male and must not have a bone age of 15.5 years or more; OR
  - Patient must be female and must not have a bone age of 13.5 years or more.
- Treatment criteria:**
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Recent growth data (height and weight, not older than three months); AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A height measurement from immediately prior to commencement of growth hormone treatment; **AND**
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR

- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

#### somatropin 10 mg/1.5 mL injection, 1.5 mL cartridge

| 10496K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 440.21  | 42.50    | Norditropin FlexPro [NO]    |

**somatropin 10 mg/2 mL injection, 2 mL cartridge**

| 10438J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 426.80  | 42.50    | NutropinAq [IS]             |

**somatropin 15 mg/1.5 mL injection, 1.5 mL cartridge**

| 10489C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 656.43  | 42.50    | Norditropin FlexPro [NO]    |

**somatropin 5 mg/1.5 mL injection, 1.5 mL cartridge**

| 10467X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 217.29  | 42.50    | Norditropin FlexPro [NO]    |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**



4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

**Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## Authority required

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication short stature associated with chronic renal insufficiency, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; AND
4. Recent growth data (height and weight, not older than three months); AND
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**



2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Recent growth data (height and weight, not older than three months); AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test

(pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels;  
OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25th percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
5. Recent growth data (height and weight, not older than three months); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment as a reclassified patient

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
  - Patient must have had a lapse in treatment, **AND**
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
  - The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
  - Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-3 levels, **AND**
  - Patient must have a structural lesion that is not neoplastic; OR
  - Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
  - Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**
  - Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
  - Patient must have hypothalamic obesity, **AND**
  - Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
  - Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
  - Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
  - Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
  - Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
  - Patient must be male and must not have a bone age of 15.5 years or more; OR
  - Patient must be female and must not have a bone age of 13.5 years or more.
- Treatment criteria:**
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Recent growth data (height and weight, not older than three months); AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR

- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A height measurement from immediately prior to commencement of growth hormone treatment; **AND**
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR

- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; **AND**
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**



- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Population criteria:**

- Patient must be aged 3 years or older.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months; AND
5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

If a patient receiving treatment under the indication 'short stature associated with chronic renal insufficiency' undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR

- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

**Population criteria:**

- Patient must be aged 3 years or older.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; **AND**
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; **AND**
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months; **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

**somatropin 12 mg/1.5 mL injection, 1.5 mL cartridge**

| 10495J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 526.70  | 42.50    | Saizen [SG]                 |

**somatropin 20 mg/2.5 mL injection, 2.5 mL cartridge**

| 10442N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 872.64  | 42.50    | Saizen [SG]                 |

**somatropin 6 mg/1.03 mL injection, 1.03 mL cartridge**

| 10458K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 267.24  | 42.50    | Saizen [SG]                 |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au). Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos). Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

When a patient receiving treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants reaches or surpasses 5 years of age (chronological), prescribers should seek reclassification to the indication 'short stature due to biochemical growth hormone deficiency'.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The final adult height (in cm) of the patient's mother and father (where available); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an annualised growth velocity for bone age at or above the mean growth velocity for untreated Turner Syndrome girls (using the Turner Syndrome - Ranke growth velocity chart) while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; AND
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**

- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have been on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved the 50th percentile growth velocity for bone age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved an increase in height standard deviation score for chronological age and sex while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved a minimum growth velocity of 4cm/year while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have achieved and maintained mid parental height standard deviation score while on the maximum dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR



- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The final adult height (in cm) of the patient's mother and father (where available); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

#### **Authority required**

Short stature and poor body composition due to Prader-Willi syndrome

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and poor body composition due to Prader-Willi syndrome category, **AND**
- Patient must have been re-evaluated via polysomnography for airway obstruction and apnoea during the initial 32 week treatment period and any sleep disorders identified that required treatment must have been addressed, **AND**
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must not have been on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must have maintained or improved height percentile for age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must have maintained or improved body mass index SDS for age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must have maintained or improved waist circumference while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must have maintained or improved waist/height ratio (waist circumference in centimetres divided by height in centimetres) while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and must have achieved an increase in height percentile with reference to the untreated Prader-Willi syndrome standards for age and sex while on the maximum dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must not have been on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must have maintained or improved body mass index while on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or commencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR

- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must have maintained or improved body mass index SDS for age and sex while on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must have maintained or improved waist circumference while on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must have maintained or improved waist/height ratio (waist circumference in centimetres divided by height in centimetres) while on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and must have maintained or improved weight SDS for age and sex while on the maximum dose of 0.04mg/kg/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have developed uncontrolled morbid obesity, defined as a body weight greater than 200% of ideal body weight for height and sex, with ideal body weight derived by calculating the 50th percentile weight for the patient's current height.

## Population criteria:

- Patient must not have a chronological age of equal to or greater than 18 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment; **AND**
3. Growth data (height, weight and waist circumference) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
4. The date at which skeletal maturity was achieved (if applicable) [Note: In patients whose chronological age is greater than 2.5 years, a bone age reading should be performed at least once every 12 months prior to attainment of skeletal maturity]; **AND**
5. Confirmation that during the initial 32 week treatment period, the patient was re-evaluated via polysomnography for airway obstruction and apnoea, and any sleep disorders that were identified have been addressed; **AND**
6. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Maintenance is defined as a value within a 5% tolerance (this allows for seasonal and other measurement variations).

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## Authority required

Short stature and slow growth

Treatment Phase: Continuing treatment as a reclassified patient

## Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies).

continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**

- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication **short stature associated with chronic renal insufficiency**, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; **AND**
4. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### Authority required

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Continuing treatment as a reclassified patient

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies).

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR

- (b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- (c) Confirmation that the patient has previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and has reached or surpassed 5 years of age (chronological); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR

- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; **AND**
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; **AND**
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR



- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special**

**Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; AND
6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

#### **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Continuing treatment as a reclassified patient

#### **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a bone age of 13.5 years or greater, **AND**
- Patient must not have a height greater than or equal to 155.0 cm.

#### **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A height measurement from immediately prior to commencement of growth hormone treatment; AND
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**

- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; AND
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND
4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND
5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR

- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; **AND**
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> ; **AND**
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; **AND**
6. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

## **Authority required**

Short stature and poor body composition due to Prader-Willi syndrome

Treatment Phase: Continuing treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature and poor body composition due to Prader-Willi syndrome, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Prader-Willi syndrome (the condition must be genetically proven); OR
- Patient must have a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist, **AND**
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea whilst on growth hormone treatment and any sleep disorders identified that required treatment must have been addressed, **AND**
- Patient must not have uncontrolled morbid obesity, defined as a body weight greater than 200% of ideal body weight for height and sex, with ideal body weight derived by calculating the 50th percentile weight for the patient's current height, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 18 years or greater.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each continuing treatment phase is 26 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 13 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for continuing treatment as a reclassified patient; **AND**
3. (a) Confirmation that the patient has diagnostic results consistent with Prader-Willi syndrome, OR  
(b) Confirmation that the patient has a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist; **AND**
4. Confirmation that the patient has been evaluated via polysomnography for airway obstruction and apnoea whilst on growth hormone treatment, and any sleep disorders identified via the polysomnography that required treatment have been addressed; **AND**
5. Growth data (height and weight) for the most recent 6 month treatment period, including data at both the start and end of the treatment period. The most recent data must not be older than three months; **AND**
6. The date at which skeletal maturity was achieved (if applicable) [Note: In patients whose chronological age is greater than 2.5 years, a bone age reading should be performed at least once every 12 months prior to attainment of skeletal maturity]; **AND**
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 13 weeks worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10456H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 189.41  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10479M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 249.94  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10480N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 310.48  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10453E | 1             | 1           | ..         | 371.02  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10488B | 1             | 1           | ..         | 431.56  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10454F | 1             | 1           | ..         | 492.11  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10500P | 1             | 1           | ..         | 552.65  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10428W | 1             | 1           | ..         | 613.18  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 12 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10431B | 1             | 1           | ..         | 510.59  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 5 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10443P | 1             | 1           | ..         | 217.29  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

|        | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10891F | 1             | 1           | ..         | 128.86  | 42.50    | Genotropin MiniQuick [PF]   |

**■ SOMATROPIN**

**Note** Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)  
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at [www.servicesaustralia.gov.au/hpos](http://www.servicesaustralia.gov.au/hpos)  
Or mailed to:  
Services Australia  
Complex Drugs  
Reply Paid 9826  
HOBART TAS 7001

**Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment

**Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and slow growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a

continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### Authority required

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with biochemical growth hormone deficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:



- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the growth retardation secondary to an intracranial lesion, or cranial irradiation category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 5 years or greater.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the biochemical growth hormone deficiency and precocious puberty category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; **AND**
3. Recent growth data (height and weight, not older than three months); **AND**
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

#### Authority required

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment

#### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR

- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with Turner syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature due to short stature homeobox (SHOX) gene disorders category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND

4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature associated with chronic renal insufficiency category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have undergone a renal transplant within the 12 month period immediately prior to the date of application, **AND**
- Patient must not have an eGFR equal to or greater than 30mL/min/1.73m<sup>2</sup>, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height and weight, not older than three months); AND
4. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

5. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND

6. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND

7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

If a patient receiving treatment under the indication 'short stature associated with chronic renal insufficiency' undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature and poor body composition due to Prader-Willi syndrome

Treatment Phase: Recommencement of treatment

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under the short stature and poor body composition due to Prader Willi syndrome category, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- Patient must have had a bone age below skeletal maturity (15.5 years for males and 13.5 years for females) (except where the patient had a chronological age of 2.5 years or less) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems; OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 0.04mg/kg/wk or greater for the most recent treatment period (32 weeks for the initial treatment period or 26 weeks for subsequent treatment periods, whichever applies); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 0.04mg/kg/wk or greater for the most recent treatment period (32 weeks for the initial treatment period or 26 weeks for subsequent treatment periods, whichever applies), unless response was affected by a significant medical illness; OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 0.04mg/kg/wk or greater for the most recent treatment period (32 weeks for the initial treatment period or 26 weeks for subsequent treatment periods, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 0.04mg/kg/wk or greater for the most recent treatment period (32 weeks for the initial treatment period or 26 weeks for subsequent treatment periods, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- Patient must have had a bone age at or above skeletal maturity (15.5 years for males and 13.5 years for females) at the last application and treatment must not have lapsed due to failure to respond to growth hormone at a dose of 0.04mg/kg/wk or greater for the most recent treatment period (32 weeks for the initial treatment period or 26 weeks for subsequent treatment periods, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have been re-evaluated via polysomnography for airway obstruction and apnoea during the initial 32 week treatment period and any sleep disorders identified that required treatment must have been addressed, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have developed uncontrolled morbid obesity, defined as a body weight greater than 200% of ideal body weight for height and sex, with ideal body weight derived by calculating the 50th percentile weight for the patient's current height.

## **Population criteria:**

- Patient must not have a chronological age of equal to or greater than 18 years.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program)**

**Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment; AND
3. Recent growth data (height, weight, and waist circumference, not older than three months); AND
4. The date at which skeletal maturity was achieved (if applicable) [Note: In patients whose chronological age is greater than 2.5 years, a bone age reading should be performed at least once every 12 months prior to attainment of skeletal maturity.]; AND
5. Confirmation that during the initial 32 week treatment period, the patient was re-evaluated via polysomnography for airway obstruction and apnoea, and any sleep disorders that were identified have been addressed; AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If recommencement of treatment is sought under a different indication than that under which the patient was previously receiving treatment an application for **recommencement of treatment as a reclassified patient** should be submitted.

## **Authority required**

Short stature and slow growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature and slow growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication short stature associated with chronic renal insufficiency, have undergone a renal transplant and a 12 month period of observation following the transplant, and have an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment), **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7 cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**



- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment; OR  
(b) Confirmation that the patient has previously received treatment under the indication short stature associated with chronic renal insufficiency, has undergone a renal transplant and a 12 month period of observation following the transplant, and has an estimated glomerular filtration rate of greater than or equal to 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula; AND
4. Recent growth data (height and weight, not older than three months); AND
5. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with biochemical growth hormone deficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with biochemical growth hormone deficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have previously received treatment under the indication **risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants** and have reached or surpassed 5 years of age (chronological); OR
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR

- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR  
(c) Confirmation that the patient has previously received treatment under the indication risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants and has reached or surpassed 5 years of age (chronological); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. Recent growth data (height and weight, not older than three months); **AND**
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
7. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

Biochemical growth hormone deficiency should not be secondary to an intracranial lesion or cranial irradiation for applications under this category.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

### Authority required

Growth retardation secondary to an intracranial lesion, or cranial irradiation

Treatment Phase: Recommencement of treatment as a reclassified patient

### Clinical criteria:

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than growth retardation secondary to an intracranial lesion, or cranial irradiation, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had an intracranial lesion which is under appropriate observation and management; OR
- Patient must have received cranial irradiation without having had an intracranial lesion, and is under appropriate observation and management, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and a growth velocity below the 25th percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1st percentile for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; AND
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; AND
5. (a) Confirmation that the patient has had an intracranial lesion which is under appropriate observation and management; OR  
(b) Confirmation that the patient has received cranial irradiation without having had an intracranial lesion and is under appropriate observation and management; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than risk of hypoglycaemia secondary to growth hormone deficiency in neonates/infants, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have a chronological age of less than 2 years, **AND**
- Patient must have a documented clinical risk of hypoglycaemia, **AND**
- Patient must have documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. Confirmation that the patient has a documented clinical risk of hypoglycaemia; AND
4. Confirmation that the patient has documented evidence that the risk of hypoglycaemia is secondary to biochemical growth hormone deficiency; AND
5. Recent growth data (height and weight, not older than three months); AND
6. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Biochemical growth hormone deficiency and precocious puberty

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than biochemical growth hormone deficiency and precocious puberty, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must be male and have commenced puberty (demonstrated by Tanner stage 2 genital or pubic hair development or testicular volumes greater than or equal to 4 mL) before the chronological age of 9 years; OR
- Patient must be female and have commenced puberty (demonstrated by Tanner stage 2 breast or pubic hair development) before the chronological age of 8 years; OR
- Patient must be female and menarche occurred before the chronological age of 10 years, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test

(pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must be undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. Confirmation that the patient has precocious puberty; **AND**
4. Confirmation that the patient is undergoing Gonadotrophin Releasing Hormone agonist therapy for pubertal suppression; **AND**
5. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
6. Recent growth data (height and weight, not older than three months); **AND**
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); **AND**
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than hypothalamic-pituitary disease secondary to a structural lesion, with hypothalamic obesity driven growth, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 2 pharmacological growth hormone stimulation tests (e.g. arginine, clonidine, glucagon, insulin); OR

- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 pharmacological growth hormone stimulation test (e.g. arginine, clonidine, glucagon, insulin) and 1 physiological growth hormone stimulation test (e.g. sleep, exercise); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) with other evidence of growth hormone deficiency, including septo-optic dysplasia (absent corpus callosum and/or septum pellucidum), midline abnormality including optic nerve hypoplasia, cleft lip and palate, midfacial hypoplasia and central incisor, ectopic and/or absent posterior pituitary bright spot, absent empty sella syndrome, hypoplastic anterior pituitary gland and/or pituitary stalk/infundibulum, and genetically proven biochemical growth hormone deficiency either isolated or as part of hypopituitarism in association with pituitary deficits (ACTH, TSH, GnRH or vasopressin/ADH deficiency); OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGF-1 levels; OR
- Patient must have evidence of biochemical growth hormone deficiency, with a peak serum growth hormone concentration less than 10 mU/L or less than or equal to 3.3 micrograms per litre in response to 1 growth hormone stimulation test (pharmacological or physiological e.g. arginine, clonidine, glucagon, insulin, sleep, exercise) and low plasma IGFBP-3 levels, **AND**
- Patient must have a structural lesion that is not neoplastic; OR
- Patient must have had a structural lesion that was neoplastic and have undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR
- Patient must have a structural lesion that is neoplastic, have received medical advice that it is unsafe to treat the structural lesion, and have undergone a 12 month period of observation since initial diagnosis of the structural lesion,

#### AND

- Patient must have other hypothalamic/pituitary hormone deficits (includes ACTH, TSH, GnRH and/or vasopressin/ADH deficiencies), **AND**
- Patient must have hypothalamic obesity, **AND**
- Patient must have had a growth velocity above the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of greater than 14 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of greater than 8 cm per year in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

#### Treatment criteria:

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); **AND**
4. Evidence of biochemical growth hormone deficiency, including the type of tests performed and peak growth hormone concentrations; **AND**
5. (a) Confirmation that the patient has a structural lesion that is not neoplastic; OR  
(b) Confirmation that the patient had a structural lesion that was neoplastic and has undergone a 12 month period of observation following completion of treatment for the structural lesion (all treatment); OR  
(c) Confirmation that the patient has a structural lesion that is neoplastic, has received medical advice that it is unsafe to treat the structural lesion, and has undergone a 12 month period of observation since initial diagnosis of the structural lesion; **AND**

6. Confirmation that the patient has other hypothalamic/pituitary hormone deficits; AND
7. Confirmation that the patient has hypothalamic obesity; AND
8. Recent growth data (height and weight, not older than three months); AND
9. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

10. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with Turner syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature associated with Turner syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in all cells (45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as a loss of a whole X chromosome in some cells (mosaic 46XX/45X), and gender of rearing is female; OR
- Patient must have diagnostic results consistent with Turner syndrome (the condition must be genetically proven), defined as genetic loss or rearrangement of an X chromosome (such as isochromosome X, ring-chromosome, or partial deletion of an X chromosome), and gender of rearing is female, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a height greater than or equal to 155.0 cm, **AND**
- Patient must not have a bone age of 13.5 years or greater.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. A height measurement from immediately prior to commencement of growth hormone treatment; AND
4. Confirmation that the patient has diagnostic results consistent with Turner syndrome; AND
5. Recent growth data (height and weight, not older than three months); AND
6. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).



Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature due to short stature homeobox (SHOX) gene disorders

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature due to short stature homeobox (SHOX) gene disorders, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as a karyotype confirming the presence of a SHOX mutation/deletion without the presence of mixed gonadal dysgenesis; OR
- Patient must have diagnostic results consistent with a SHOX mutation/deletion, defined as mixed gonadal dysgenesis (45X mosaic karyotype with the presence of any Y chromosome material and/or SRY gene positive by FISH study) and have an appropriate plan of management in place for the patient's increased risk of gonadoblastoma, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment, **AND**
- Patient must have had a growth velocity below the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes (excluding gonadoblastoma secondary to mixed gonadal dysgenesis), **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; **AND**
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; **AND**
3. A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient

was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); AND

4. Confirmation that the patient has diagnostic results consistent with a short stature homeobox (SHOX) gene disorder; AND

5. If the patient's condition is secondary to mixed gonadal dysgenesis, confirmation that an appropriate plan of management for the patient's increased risk of gonadoblastoma is in place; AND

6. Recent growth data (height and weight, not older than three months); AND

7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND

8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

## **Authority required**

Short stature associated with chronic renal insufficiency

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program (treatment) under a category other than short stature associated with chronic renal insufficiency, **AND**
- Patient must have had a lapse in treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 9.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have had a height at or below the 1<sup>st</sup> percentile for age and sex immediately prior to commencing treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and a growth velocity less than or equal to the 25<sup>th</sup> percentile for bone age and sex measured over the 12 month interval immediately prior to commencement of treatment (or the 6 month interval immediately prior to commencement of treatment if the patient was an older child at commencement of treatment); OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 14 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a chronological age of 2 years or less at commencement of treatment; OR
- Patient must have had both a height above the 1<sup>st</sup> and at or below the 25<sup>th</sup> percentiles for age and sex immediately prior to commencing treatment and an annual growth velocity of 8 cm per year or less in the 12 month period immediately prior to commencement of treatment, if the patient had a bone or chronological age of 2.5 years or less at commencement of treatment, **AND**
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, and not have undergone a renal transplant; OR
- Patient must have an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup> measured by creatinine clearance, excretion of radionuclides such as DTPA, or by the height/creatinine formula, have undergone a renal transplant, and have undergone a 12 month period of observation following the transplant, **AND**
- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must be male and must not have a height greater than or equal to 167.7cm; OR
- Patient must be female and must not have a height greater than or equal to 155.0cm, **AND**
- Patient must be male and must not have a bone age of 15.5 years or more; OR
- Patient must be female and must not have a bone age of 13.5 years or more.

## **Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

An older child is defined as a male with a chronological age of at least 12 years or a bone age of at least 10 years, or a female with a chronological age of at least 10 years or a bone age of at least 8 years.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) A minimum of 12 months of growth data (height and weight measurements) from immediately prior to commencement of treatment, or a minimum of 6 months of growth data from immediately prior to commencement of treatment if the patient was an older child at commencement of treatment; and the result of a bone age assessment performed within the 12 months immediately prior to commencement of treatment (except for a patient whose chronological age was 2.5 years or less at commencement of treatment); OR  
(b) Height and weight measurements from within three months prior to commencement of treatment for a patient whose height was at or below the 1st percentile for age and sex immediately prior to commencing treatment; AND
4. Confirmation that the patient has an estimated glomerular filtration rate less than 30mL/minute/1.73m<sup>2</sup>; AND
5. If a renal transplant has taken place, confirmation that the patient has undergone a 12 month period of observation following transplantation; AND
6. Recent growth data (height and weight, not older than three months); AND
7. A bone age result performed within the last 12 months (except for a patient whose chronological age is 2.5 years or less); AND
8. The proprietary name (brand), form and strength of somatropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**Note** If a patient receiving treatment under the indication short stature due to chronic renal insufficiency undergoes a renal transplant and 12 months post-transplant has an eGFR of equal to or greater than 30mL/min/1.73m<sup>2</sup> prescribers should seek reclassification to the indication short stature and slow growth.

## **Authority required**

Short stature and poor body composition due to Prader-Willi syndrome

Treatment Phase: Recommencement of treatment as a reclassified patient

## **Clinical criteria:**

- Patient must have previously received treatment under the PBS S100 Growth Hormone Program under a category other than short stature and poor body composition due to Prader-Willi syndrome, **AND**
- Patient must have had a lapse in growth hormone treatment, **AND**
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by a significant medical illness; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by major surgery (e.g. renal transplant); OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by an adverse reaction to growth hormone; OR
- The treatment must not have lapsed due to failure to respond to growth hormone at a dose of 7.5mg/m<sup>2</sup>/week or greater for the most recent treatment period (32 weeks for an initial or recommencement treatment period and 26 weeks for a continuing treatment period, whichever applies), unless response was affected by non-compliance due to social/family problems, **AND**
- Patient must have diagnostic results consistent with Prader-Willi syndrome (the condition must be genetically proven); OR
- Patient must have a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist, **AND**
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea whilst on growth hormone treatment and any sleep disorders identified that required treatment must have been addressed; OR
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with no sleep disorders identified; OR

- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with sleep disorders identified which are not of sufficient severity to require treatment; OR
- Patient must have been evaluated via polysomnography for airway obstruction and apnoea within the last 12 months with sleep disorders identified for which the patient is currently receiving ameliorative treatment, **AND**
- Patient must not have uncontrolled morbid obesity, defined as a body weight greater than 200% of ideal body weight for height and sex, with ideal body weight derived by calculating the 50th percentile weight for the patient's current height,

**AND**

- Patient must not have a condition with a known risk of malignancy including chromosomal abnormalities such as Down and Bloom syndromes, **AND**
- Patient must not have an active tumour or evidence of tumour growth or activity, **AND**
- Patient must not have a chronological age of 18 years or greater.

**Treatment criteria:**

- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in paediatric endocrinology; OR
- Must be treated by a medical practitioner in consultation with a nominated specialist or consultant physician in general paediatrics.

The maximum duration of each recommencement treatment phase is 32 weeks. Prescribers must determine an appropriate weekly dose in accordance with the dosing arrangements detailed in the **National Health (Growth Hormone Program) Special Arrangement 2015** and request the appropriate number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

The authority application must be in writing and must include:

1. A completed authority prescription form; AND
2. A completed Growth Hormone Authority Application Supporting Information Form for recommencement of treatment as a reclassified patient; AND
3. (a) Confirmation that the patient has diagnostic results consistent with Prader-Willi syndrome, OR  
(b) Confirmation that the patient has a clinical diagnosis of Prader-Willi syndrome, confirmed by a clinical geneticist; AND
4. Confirmation that the patient has been evaluated via polysomnography for airway obstruction and apnoea whilst on growth hormone treatment or within the last 12 months, and any sleep disorders identified via the polysomnography that required treatment have been addressed; AND
5. Recent growth data (height and weight, not older than three months); AND
6. The date at which skeletal maturity was achieved (if applicable) [Note: In patients whose chronological age is greater than 2.5 years, a bone age reading should be performed at least once every 12 months prior to attainment of skeletal maturity]; AND
7. The proprietary name (brand), form and strength of somatotropin requested, and the number of vials/cartridges required to provide sufficient drug for 16 weeks' worth of treatment (with up to 1 repeat allowed).

Prescribers must keep a copy of any clinical records relating to the prescription, including such records required to demonstrate that the prescription was written in compliance with any relevant circumstances and/or purposes. These records must be kept for 2 years after the date the prescription to which the records relate is written.

In children with diabetes mellitus prescribers must ascertain that a growth failure is not due to poor diabetes control, diabetes control is adequate, and regular screening occurs for diabetes complications, particularly retinopathy.

**somatropin 600 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10477K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 189.41  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 800 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10463Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 249.94  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10430Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 310.48  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10457J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 371.02  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.4 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10434E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 431.56  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.6 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10498M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 492.11  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 1.8 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10501Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 552.65  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 2 mg injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10472E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 613.18  | 42.50    | Genotropin MiniQuick [PF]   |

**somatropin 12 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 10426R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 510.59  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 5 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber pen device**

| 10435F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 217.29  | 42.50    | Genotropin GoQuick [PF]     |

**somatropin 400 microgram injection [1 chamber] (&) inert substance diluent [0.25 mL chamber], 7 dual chamber syringes**

| 10908D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 128.86  | 42.50    | Genotropin MiniQuick [PF]   |

# IVF Treatment Program

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## GENITO URINARY SYSTEM AND SEX HORMONES

## SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

### PROGESTOGENS

*Pregnen (4) derivatives*

#### PROGESTERONE

**Authority required (STREAMLINED)**

**4997**

Assisted Reproductive Technology

**Clinical criteria:**

- The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**
- Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

#### progesterone 100 mg pessary, 21

| 10116K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | ..          | ..         | *92.02  | 42.50    | Endometrin [FP]             |

#### progesterone 100 mg pessary, 15

| 9608Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 3             | ..          | ..         | *157.18 | 42.50    | Oipro [ON]                  |

#### progesterone 200 mg pessary, 15

| 9609R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 3             | ..          | ..         | *118.24 | 42.50    | Oipro [ON]                  |

#### progesterone 200 mg pessary, 42

| 10930G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | ..          | ..         | 87.31   | 42.50    | Utrogestan [HB]             |

#### PROGESTERONE

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**5045**

Assisted Reproductive Technology

**Clinical criteria:**

- The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**
- Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

#### progesterone 8% vaginal gel, 15 applications

| 6366C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *258.66 | 42.50    | Crinone 8% [SG]             |

### GONADOTROPINS AND OTHER OVULATION STIMULANTS

*Gonadotropins*

#### CHORIOGONADOTROPIN ALFA

**Note** Special Pricing Arrangements apply.

**Authority required (STREAMLINED)**

**5019**

Assisted Reproductive Technology

**Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

#### choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

| 6182J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 58.63   | 42.50    | Ovidrel [SG]                |

#### CORIFOLLITROPIN ALFA

**Authority required (STREAMLINED)**

**5009**

Assisted Reproductive Technology

**Clinical criteria:**

- The treatment must be for controlled ovarian stimulation, **AND**
- Patient must have an antral follicle count of 20 or less, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, or 13202 of the Medicare Benefits Schedule, **AND**
- Patient must be undergoing a gonadotrophin releasing antagonist cycle.

**corifollitropin alfa 150 microgram/0.5 mL injection, 0.5 mL syringe**

| 5817E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 673.20  | 42.50    | Elonva [OQ]                 |

**corifollitropin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe**

| 5816D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 413.00  | 42.50    | Elonva [OQ]                 |

**▪ FOLLITROPIN ALFA**
**Note Biosimilar prescribing policy**

Prescribing of a biosimilar brand, Bemfola or Ovaleap, is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage ([www.health.gov.au/biosimilars](http://www.health.gov.au/biosimilars)).

**Note** Pharmaceutical benefits that have the form follitropin alfa cartridge (Ovaleap) and pharmaceutical benefits that have the form follitropin alfa single pen device (Gonal-f Pen), in the same corresponding strength, are equivalent for the purposes of substitution.

Where the Ovaleap brand is supplied, the separate pen device is to be supplied to the patient where required as it is not packaged with the cartridges. The pen device for the Ovaleap brand can be obtained by contacting the pharmaceutical wholesaler, or, the sponsor directly.

**Authority required (STREAMLINED)**
**5027**

Assisted Reproductive Technology

**Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices**

| 10872F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 3             | ..          | ..         | *1275.82 | 42.50    | Bemfola [FX]                |

**follitropin alfa 450 units (33 microgram)/0.75 mL injection, 5 x 0.75 mL pen devices**

| 10867Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 3             | ..          | ..         | *2503.87 | 42.50    | Bemfola [FX]                |

**follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices**

| 10861P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 3             | ..          | ..         | *433.51 | 42.50    | Bemfola [FX]                |

**follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices**

| 10873G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 3             | ..          | ..         | *859.24 | 42.50    | Bemfola [FX]                |

**follitropin alfa 300 units (22 microgram)/0.5 mL injection, 5 x 0.5 mL pen devices**

| 10866X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 3             | ..          | ..         | *1685.17 | 42.50    | Bemfola [FX]                |

**follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device**

| 6431L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|-------------------------------|
|       | 2             | ..          | ..         | *234.84 | 42.50    | <sup>a</sup> Gonal-f Pen [SG] |

**follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device**

| 6432M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|-------------------------------|
|       | 2             | ..          | ..         | *348.36 | 42.50    | <sup>a</sup> Gonal-f Pen [SG] |

**follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device**

| 6433N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|----------|----------|-------------------------------|
|       | 5             | ..          | ..         | *1685.18 | 42.50    | <sup>a</sup> Gonal-f Pen [SG] |



**follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge**

| 12779N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | ..          | ..         | *234.84 | 42.50    | <sup>a</sup> Ovaleap [TT]   |

**follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge**

| 12800Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | ..          | ..         | *348.36 | 42.50    | <sup>a</sup> Ovaleap [TT]   |

**follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge**

| 12770D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 5             | ..          | ..         | *1685.18 | 42.50    | <sup>a</sup> Ovaleap [TT]   |

▪ **FOLLITROPIN ALFA + LUTROPIN ALFA**

Authority required (STREAMLINED)

**5250**

Stimulation of follicular development

**Clinical criteria:**

- Patient must have severe LH deficiency, **AND**
- Patient must be considered appropriate for treatment with the combination product after titration of FSH and LH after at least one cycle of treatment, **AND**
- Patient must be receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**follitropin alfa 900 units (65.52 microgram)/1.44 mL + lutropin alfa 450 units/1.44 mL injection, 1.44 mL pen device**

| 11667C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | ..          | ..         | *1822.90 | 42.50    | Pergoveris [SG]             |

▪ **FOLLITROPIN BETA**

Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

**Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge**

| 6335K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *261.20 | 42.50    | Puregon 300 IU/0.36 mL [OQ] |

**follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge**

| 6336L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 4             | ..          | ..         | *996.86 | 42.50    | Puregon 600 IU/0.72 mL [OQ] |

**follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge**

| 6464F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 5             | ..          | ..         | *1815.03 | 42.50    | Puregon 900 IU/1.08 mL [OQ] |

▪ **FOLLITROPIN DELTA**

Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

**Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**follitropin delta 12 microgram/0.36 mL injection, 0.36 mL pen device**

| 11430N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 5             | ..          | ..         | *467.73 | 42.50    | Rekovele [FP]               |

**follitropin delta 36 microgram/1.08 mL injection, 1.08 mL pen device**

| 11431P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 5             | ..          | ..         | *1374.48 | 42.50    | Rekovele [FP]               |

**follitropin delta 72 microgram/2.16 mL injection, 2.16 mL pen device**

| 11414R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 4             | ..          | ..         | *2170.54 | 42.50    | Rekovele [FP]               |

## ■ HUMAN CHORIONIC GONADOTROPHIN

**Note** Pharmaceutical Benefits that have the brand Brevactid 1500 I.E may be substituted for Pharmaceutical Benefits that have the brand Pregnyl 1500 in the case of a shortage.

### Authority required (STREAMLINED)

**6991**

Assisted Reproductive Technology

### **Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

| 11154C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | ..          | ..         | 42.52   | 42.50    | <sup>a</sup> Pregnyl [OQ]   |

### human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

| 12879W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer          |
|--------|---------------|-------------|------------|---------|----------|--------------------------------------|
|        | 1             | ..          | ..         | 89.87   | 42.50    | <sup>a</sup> Brevactid 1500 I.E [DZ] |

## ■ HUMAN CHORIONIC GONADOTROPHIN

**Note** Pharmaceutical Benefits that have the brand Choriomon 5000 I.E may be substituted for Pharmaceutical Benefits that have the brand Pregnyl 5000 in the case of a shortage.

### Authority required (STREAMLINED)

**6991**

Assisted Reproductive Technology

### **Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### human chorionic gonadotrophin 5000 units injection [1 vial] (&) inert substance diluent [1 mL vial], 1 pack

| 11156E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | ..          | ..         | *27.96  | 29.26    | <sup>a</sup> Pregnyl [OQ]   |

### human chorionic gonadotrophin 5000 units injection [3 vials] (&) inert substance diluent [3 x 1 mL syringes], 1 pack

| 12851J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer          |
|--------|---------------|-------------|------------|---------|----------|--------------------------------------|
|        | 0.67          | ..          | ..         | *86.70  | 42.50    | <sup>a</sup> Choriomon 5000 I.E [DZ] |

## ■ HUMAN MENOPAUSAL GONADOTROPHIN

### Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

### **Clinical criteria:**

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### human menopausal gonadotrophin 1200 units injection [1 vial] (&) inert substance diluent [2 x 1 mL syringes], 1 pack

| 2038G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 4             | ..          | ..         | *2066.26 | 42.50    | Menopur 1200 [FP]           |

### human menopausal gonadotrophin 600 units injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

| 2036E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 3             | ..          | ..         | *794.98 | 42.50    | Menopur 600 [FP]            |

## ■ LUTROPIN ALFA

### Authority required (STREAMLINED)

**5251**

Stimulation of follicular development

### **Clinical criteria:**

- Patient must have severe LH deficiency, **AND**
- Patient must be receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### lutropin alfa 75 units injection [1 vial] (&) inert substance diluent [1 mL vial], 1 pack

| 10465T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 14            | ..          | ..         | *1354.58 | 42.50    | Luveris [SG]                |

## SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

### PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

#### HYPOTHALAMIC HORMONES

##### Gonadotropin-releasing hormones

#### NAFARELIN

##### Authority required (STREAMLINED)

5046

Assisted Reproductive Technology

##### Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

##### nafarelin 200 microgram/actuation nasal spray, 60 actuations

| 5815C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *221.18 | 42.50    | Synarel [PF]                |

##### Anti-gonadotropin-releasing hormones

#### CETRORELIX

##### Authority required (STREAMLINED)

5046

Assisted Reproductive Technology

##### Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

##### cetrorelix 250 microgram injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

| 9599F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 10            | ..          | ..         | *417.58 | 42.50    | Cetrotide [SG]              |

#### GANIRELIX

##### Authority required (STREAMLINED)

5046

Assisted Reproductive Technology

##### Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

##### ganirelix 250 microgram/0.5 mL injection, 0.5 mL syringe

| 9583J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     | Brand Name and Manufacturer  |
|-------|---------------|-------------|------------|---------|----------|---------------------------------|------------------------------|
|       | 10            | ..          | ..         | *349.28 | 42.50    | <sup>a</sup> GANIRELIX SUN [RA] | <sup>a</sup> Orgalutran [OQ] |

##### ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes

| 9584K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     | Brand Name and Manufacturer  |
|-------|---------------|-------------|------------|---------|----------|---------------------------------|------------------------------|
|       | 2             | ..          | ..         | *349.32 | 42.50    | <sup>a</sup> GANIRELIX SUN [RA] | <sup>a</sup> Orgalutran [OQ] |

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

### ENDOCRINE THERAPY

#### HORMONES AND RELATED AGENTS

##### Gonadotropin releasing hormone analogues

#### TRIPTORELIN

##### Authority required (STREAMLINED)

5046

Assisted Reproductive Technology

##### Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**

## ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### **triptorelin acetate 100 microgram/mL injection, 7 x 1 mL syringes**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10907C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 4             | ..          | ..         | *196.30 | 42.50    | Decapeptyl [FP]             |

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# Opiate Dependence Treatment Program

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|                                         |      |
|-----------------------------------------|------|
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## NERVOUS SYSTEM

## OTHER NERVOUS SYSTEM DRUGS

### DRUGS USED IN ADDICTIVE DISORDERS

#### Drugs used in opioid dependence

## BUPRENORPHINE

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

**Treatment criteria:**

- Must be treated by a health care professional.

**Clinical criteria:**

- The treatment must be within a framework of medical, social and psychological treatment, **AND**
- Patient must be stabilised on one of the following prior to commencing treatment with this drug for this condition: (i) weekly prolonged release buprenorphine (Buvidal Weekly) (ii) sublingual buprenorphine (iii) buprenorphine/naloxone.

#### buprenorphine 128 mg/0.36 mL modified release injection, 0.36 mL syringe

| 11768J | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 369.60                   | Buvidal Monthly [UR]        |

#### buprenorphine 64 mg/0.18 mL modified release injection, 0.18 mL syringe

| 11754P | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 369.60                   | Buvidal Monthly [UR]        |

#### buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe

| 11767H | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 369.60                   | Buvidal Monthly [UR]        |

#### buprenorphine 160 mg/0.45 mL modified release injection, 0.45 mL syringe

| 12981F | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 369.60                   | Buvidal Monthly [UR]        |

## BUPRENORPHINE

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

**Treatment criteria:**

- Must be treated by a health care professional.

**Clinical criteria:**

- The treatment must be within a framework of medical, social and psychological treatment.

#### buprenorphine 16 mg/0.32 mL modified release injection, 0.32 mL syringe

| 11774Q | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 92.40                    | Buvidal Weekly [UR]         |

#### buprenorphine 24 mg/0.48 mL modified release injection, 0.48 mL syringe

| 11773P | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 92.40                    | Buvidal Weekly [UR]         |

#### buprenorphine 32 mg/0.64 mL modified release injection, 0.64 mL syringe

| 11766G | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 92.40                    | Buvidal Weekly [UR]         |

**buprenorphine 8 mg/0.16 mL modified release injection, 0.16 mL syringe**

| 11759X | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | 1             | 92.40                    | Buvidal Weekly [UR]         |

**■ BUPRENORPHINE**

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

**Treatment criteria:**

- Must be treated by a health care professional.

**Clinical criteria:**

- The treatment must be within a framework of medical, social and psychological treatment, **AND**
- Patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition.

**buprenorphine 100 mg/0.5 mL modified release injection, 0.5 mL syringe**

| 11987X | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | ±1            | 369.60                   | Sublocade [IR]              |

**buprenorphine 300 mg/1.5 mL modified release injection, 1.5 mL syringe**

| 11990C | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|--------------------------|-----------------------------|
| NP     | ±1            | 369.60                   | Sublocade [IR]              |

**■ BUPRENORPHINE**

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

Treatment Phase: Maintenance and detoxification (withdrawal)

**Clinical criteria:**

- The treatment must be within a framework of medical, social and psychological treatment.

**buprenorphine 400 microgram sublingual tablet, 7**

| 6307Y | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|-------|---------------|--------------------------|-----------------------------|
| NP    | 1             | 5.85                     | Subutex [IR]                |

**buprenorphine 2 mg sublingual tablet, 7**

| 6308B | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|-------|---------------|--------------------------|-----------------------------|
| NP    | 1             | 9.98                     | Subutex [IR]                |

**buprenorphine 8 mg sublingual tablet, 7**

| 6309C | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|-------|---------------|--------------------------|-----------------------------|
| NP    | 1             | 28.60                    | Subutex [IR]                |

**■ BUPRENORPHINE + NALOXONE**

**Note** Buprenorphine with naloxone soluble film and buprenorphine with naloxone sublingual tablet do not meet all the criteria for bioequivalence. Patients being switched between sublingual tablets and soluble films may therefore require a dosage adjustment.

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

**Clinical criteria:**

- The treatment must be within a framework of medical, social and psychological treatment.

**buprenorphine 2 mg + naloxone 500 microgram sublingual film, 28**

|       |               |                          |                             |
|-------|---------------|--------------------------|-----------------------------|
| 9749D | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
| NP    | 1             | 46.20                    | Suboxone Film 2/0.5 [IR]    |

**buprenorphine 8 mg + naloxone 2 mg sublingual film, 28**

|       |               |                          |                             |
|-------|---------------|--------------------------|-----------------------------|
| 9750E | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
| NP    | 1             | 132.44                   | Suboxone Film 8/2 [IR]      |

**■ METHADONE**

**Caution** The risk of drug dependence is high.

**Note** Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

**Note Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**Restricted benefit**

Opiate dependence

**methadone hydrochloride 5 mg/mL oral liquid, 1 L**

|       |               |                          |                                         |                                 |
|-------|---------------|--------------------------|-----------------------------------------|---------------------------------|
| 6172W | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer             | Brand Name and Manufacturer     |
| NP    | 1             | 33.20                    | <sup>a</sup> Aspen Methadone Syrup [AS] | <sup>a</sup> Biodone Forte [MW] |

**methadone hydrochloride 5 mg/mL oral liquid, 200 mL**

|       |               |                          |                                         |                                 |
|-------|---------------|--------------------------|-----------------------------------------|---------------------------------|
| 6171T | Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer             | Brand Name and Manufacturer     |
| NP    | 1             | 7.91                     | <sup>a</sup> Aspen Methadone Syrup [AS] | <sup>a</sup> Biodone Forte [MW] |



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# Extemporaneously Prepared Benefits

# Drug Tariff

| Drug                                                                                       | Standard | Recovery Prices   |              |                  |                   |
|--------------------------------------------------------------------------------------------|----------|-------------------|--------------|------------------|-------------------|
|                                                                                            |          | 0.1<br>g/mL<br>\$ | 1 g/mL<br>\$ | 10<br>g/mL<br>\$ | 100<br>g/mL<br>\$ |
| Acacia, powdered                                                                           | BP       | 0.03              | 0.31         | 2.82             | 17.90             |
| Acetic Acid (33 per cent)                                                                  | BP       | 0.02              | 0.17         | 1.68             | 16.79             |
| Acetic Acid (6 per cent)                                                                   | BP       | 0.01              | 0.04         | 0.40             | 4.01              |
| Acetone (use as additive only)                                                             | BP       | 0.02              | 0.17         | 1.50             | 13.34             |
| Alum                                                                                       | BP       | 0.02              | 0.20         | 1.78             | 15.84             |
| Aluminium Acetate Solution                                                                 | BP       | 0.02              | 0.20         | 1.83             | 16.31             |
| Anise Water Concentrated 1 in 40                                                           | BP       | 0.01              | 0.08         | 0.77             | 7.66              |
| Aqueous Cream (for use only as a base combined with active ingredients)                    | APF      | 0.01              | 0.07         | 0.59             | 5.21              |
| Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)                  | BP       | 0.05              | 0.49         | 4.38             | 27.83             |
| Aspirin                                                                                    | BP       | 0.10              | 1.00         | 8.96             | 79.63             |
| Belladonna Tincture                                                                        | BP       | 0.03              | 0.33         | 2.97             | 26.42             |
| Benzocaine                                                                                 | BP       | 0.19              | 1.86         | 10.60            | 106.00            |
| Benzoic Acid                                                                               | BP       | 0.19              | 1.93         | 17.36            | 110.20            |
| Benzoic Acid Compound Ointment                                                             | APF      | 0.02              | 0.21         | 1.89             | 16.79             |
| Benzoic Acid Solution                                                                      | BP       | 0.02              | 0.21         | 2.11             | 21.06             |
| Benzoin Compound Tincture                                                                  | BP       | 0.04              | 0.44         | 3.93             | 34.91             |
| Boric Acid (use as additive only)                                                          | BP       | 0.06              | 0.58         | 5.22             | 33.15             |
| Boric Acid, Olive Oil and Zinc Oxide Ointment                                              | QHF      | 0.02              | 0.18         | 1.65             | 10.46             |
| Calcium Hydroxide                                                                          | BP       | 0.12              | 1.16         | 10.44            | 66.30             |
| Calcium Hydroxide Solution                                                                 | BP       | 0.01              | 0.02         | 0.23             | 2.32              |
| Castor Oil (use as additive only)                                                          | BP       | 0.01              | 0.12         | 1.05             | 9.37              |
| Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)       | APF      | 0.01              | 0.06         | 0.51             | 4.55              |
| Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)          | APF      | 0.02              | 0.17         | 1.37             | 12.21             |
| Chlorhexidine Acetate (use as additive only)                                               | BP       | 10.94             | 109.39       | 625.10           | 6251.00           |
| Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)      | APF      | 0.01              | 0.05         | 0.48             | 4.31              |
| Chloroform (use as additive only)                                                          | BP       | 0.10              | 0.95         | 8.59             | 76.38             |
| Chloroform Spirit                                                                          | BP       | 0.01              | 0.09         | 0.86             | 8.64              |
| Chloroform Water Concentrated 1 in 40                                                      | APF 15   | 0.01              | 0.11         | 1.14             | 11.38             |
| Citric Acid Monohydrate                                                                    | BP       | 0.10              | 0.95         | 8.55             | 54.30             |
| Coal Tar                                                                                   | BP       | 0.06              | 0.63         | 5.68             | 50.47             |
| Coal Tar Solution                                                                          | BP       | 0.03              | 0.26         | 2.38             | 15.10             |
| Cocaine Hydrochloride                                                                      | BP       | 7.38              | 73.75        | 421.43           | 4214.32           |
| Coconut Oil                                                                                | BP       | 0.05              | 0.50         | 4.52             | 28.68             |
| Codeine Linctus                                                                            | APF      | 0.02              | 0.16         | 1.41             | 8.94              |
| Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children) | BP       | 7.56              | 75.58        | 431.90           | 4319.00           |
| Collodion Flexible                                                                         | BP       | 0.46              | 4.63         | 41.65            | 264.43            |
| Dithranol                                                                                  | BP       | 3.78              | 37.76        | 215.78           | 2157.82           |
| Emulsifying Ointment (for use only as a base combined with active ingredients)             | BP       | 0.01              | 0.15         | 1.35             | 11.98             |
| Ephedrine Hydrochloride (may only be prescribed in nasal instillations)                    | BP       | 2.60              | 26.04        | 234.39           | 1488.20           |
| Ethanol (90 per cent) (use as additive only)                                               | BP       | 0.01              | 0.05         | 0.46             | 4.07              |
| Ethanol (96 per cent) (use as additive only)                                               | BP       | 0.01              | 0.06         | 0.56             | 5.00              |
| Ether Solvent (use as additive only)                                                       | BP       | 0.29              | 2.35         | 18.83            | 167.36            |
| Eucalyptus Oil (use as additive only)                                                      | BP       | 0.02              | 0.22         | 1.95             | 17.34             |
| Ferrous Sulfate                                                                            | BP       | 0.04              | 0.36         | 3.28             | 20.85             |
| Formaldehyde Solution                                                                      | BP       | 0.03              | 0.30         | 2.67             | 23.77             |

| Drug                                                                               | Standard    | Recovery Prices   |              |                  |                   |
|------------------------------------------------------------------------------------|-------------|-------------------|--------------|------------------|-------------------|
|                                                                                    |             | 0.1<br>g/mL<br>\$ | 1 g/mL<br>\$ | 10<br>g/mL<br>\$ | 100<br>g/mL<br>\$ |
| Gentian Alkaline Mixture                                                           | APF         | 0.01              | 0.09         | 0.68             | 6.00              |
| Glycerol                                                                           | BP          | 0.01              | 0.12         | 1.07             | 9.52              |
| Honey Purified (use as additive only)                                              | BP 1993     | 0.01              | 0.03         | 0.27             | 2.44              |
| Hydroxybenzoate Compound Solution                                                  | APF         | 0.09              | 0.68         | 5.42             | 48.17             |
| Iodine                                                                             | BP          | 0.37              | 3.67         | 20.97            | 209.67            |
| Iodine Alcoholic Solution                                                          | BP          | 0.04              | 0.43         | 3.91             | 24.85             |
| Iodine Aqueous Oral Solution                                                       | BP          | 0.04              | 0.38         | 3.46             | 22.00             |
| Kaolin Mixture                                                                     | BPC<br>1968 | 0.02              | 0.18         | 1.58             | 14.04             |
| Kaolin and Opium Mixture                                                           | APF 14      | 0.01              | 0.10         | 0.82             | 7.27              |
| Lactic Acid                                                                        | BP          | 0.08              | 0.76         | 6.81             | 43.25             |
| Lavender Spike Oil                                                                 | BPC<br>1968 | 0.13              | 1.04         | 8.32             | 73.91             |
| Liquorice Liquid Extract                                                           | BP          | 0.17              | 1.67         | 15.02            | 133.53            |
| Magnesium Carbonate Light                                                          | BP          | 0.05              | 0.37         | 2.92             | 25.99             |
| Magnesium Sulfate (may only be prescribed for other than oral use)                 | BP          | 0.01              | 0.05         | 0.47             | 4.13              |
| Magnesium Trisilicate                                                              | BP          | 0.05              | 0.53         | 4.74             | 42.17             |
| Menthol, Racemic or Levomenthol                                                    | BP          | 0.37              | 3.71         | 33.43            | 212.24            |
| Methyl Hydroxybenzoate                                                             | BP          | 0.43              | 4.29         | 38.62            | 245.20            |
| Methyl Hydroxybenzoate Solution                                                    | APF         | 0.04              | 0.44         | 4.37             | 43.70             |
| Methylated Industrial Spirit (use as additive only)                                | BP          | 0.01              | 0.01         | 0.09             | 0.79              |
| Olive Oil (use as additive only)                                                   | BP          | 0.01              | 0.10         | 0.88             | 7.82              |
| Paraffin Hard                                                                      | BP          | 0.06              | 0.64         | 5.80             | 51.56             |
| Paraffin Light Liquid                                                              | BP          | 0.03              | 0.33         | 2.94             | 18.68             |
| Paraffin Liquid (use as additive only)                                             | BP          | 0.01              | 0.09         | 0.82             | 7.28              |
| Paraffin Soft White                                                                | BP          | 0.01              | 0.08         | 0.68             | 6.01              |
| Peppermint Oil (use as additive only)                                              | BP          | 0.10              | 0.96         | 8.68             | 55.12             |
| Peppermint Water Concentrated 1 in 40 (use as additive only)                       | APF 16      | 0.05              | 0.46         | 4.10             | 36.47             |
| Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)       | BP          | 1.26              | 12.59        | 113.34           | 719.60            |
| Phenol Liquefied (not available for ear drops)                                     | BP          | 0.44              | 4.41         | 39.65            | 251.72            |
| Podophyllum Resin                                                                  | BP          | 4.19              | 41.92        | 239.54           | 2395.40           |
| Potassium Citrate                                                                  | BP          | 0.03              | 0.30         | 2.67             | 23.71             |
| Potassium Iodide                                                                   | BP          | 0.50              | 4.99         | 44.87            | 284.90            |
| Potassium Permanganate                                                             | BP          | 0.04              | 0.40         | 3.58             | 31.83             |
| Propyl Hydroxybenzoate                                                             | BP          | 0.39              | 3.94         | 35.47            | 225.20            |
| Propylene Glycol                                                                   | BP          | 0.03              | 0.26         | 2.34             | 14.87             |
| Resorcinol                                                                         | BP          | 0.45              | 3.57         | 28.59            | 254.15            |
| Salicylic Acid                                                                     | BP          | 0.04              | 0.43         | 3.86             | 24.51             |
| Salicylic Acid Ointment                                                            | APF         | 0.02              | 0.17         | 1.38             | 12.23             |
| Salicylic Acid Ointment                                                            | BP          | 0.02              | 0.17         | 1.38             | 12.23             |
| Simple Ointment (white) (for use only as a base combined with active ingredients)  | BP          | 0.02              | 0.14         | 1.11             | 9.88              |
| Simple Ointment (yellow) (for use only as a base combined with active ingredients) | BP          | 0.02              | 0.14         | 1.11             | 9.88              |
| Sodium Bicarbonate                                                                 | BP          | 0.03              | 0.27         | 2.43             | 21.57             |
| Sodium Chloride                                                                    | BP          | 0.03              | 0.26         | 2.35             | 20.93             |
| Sodium Chloride Solution                                                           | BP          | 0.01              | 0.15         | 1.33             | 8.46              |
| Sodium Citrate                                                                     | BP          | 0.03              | 0.34         | 3.07             | 19.52             |
| Sodium Thiosulfate (use as additive only)                                          | BP          | 0.05              | 0.48         | 4.35             | 38.66             |
| Starch                                                                             | BP          | 0.02              | 0.16         | 1.44             | 12.81             |
| Sulfur Ointment (for use only as a base combined with active ingredients)          | BP 1980     | 0.01              | 0.14         | 1.45             | 14.46             |
| Sulfur Precipitated                                                                | BP 1980     | 0.03              | 0.30         | 2.69             | 17.09             |
| Syrup                                                                              | BP          | 0.01              | 0.06         | 0.57             | 5.03              |
| Talc Purified, sterilised                                                          | BP          | 4.97              | 49.74        | 447.67           | 3979.31           |
| Thymol                                                                             | BP          | 0.51              | 5.13         | 46.18            | 293.20            |
| Thymol Compound Mouth Wash                                                         | APF 15      | 0.01              | 0.14         | 1.26             | 11.24             |
| Tragacanth Compound Powder                                                         | BP 1980     | 0.07              | 0.57         | 4.58             | 40.73             |
| Tragacanth Mucilage                                                                | APF 13      | 0.01              | 0.10         | 1.00             | 10.01             |
| Tragacanth Mucilage                                                                | BPC<br>1973 | 0.01              | 0.09         | 0.93             | 9.32              |
| Tragacanth, powdered                                                               | BP          | 0.64              | 6.38         | 57.44            | 364.70            |
| Trichloroacetic Acid                                                               | BP 1980     | 0.42              | 4.24         | 38.13            | 242.12            |
| Triethanolamine                                                                    | BP          | 0.14              | 1.40         | 12.62            | 80.13             |

| Drug                                                                                       | Standard | Recovery Prices   |              |                  |                   |
|--------------------------------------------------------------------------------------------|----------|-------------------|--------------|------------------|-------------------|
|                                                                                            |          | 0.1<br>g/mL<br>\$ | 1 g/mL<br>\$ | 10<br>g/mL<br>\$ | 100<br>g/mL<br>\$ |
| Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions) | BP       | 0.00              | 0.00         | 7.40             | 7.40              |
| Water Purified                                                                             | BP       | 0.01              | 0.01         | 0.13             | 1.17              |
| Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)   | BP       | 0.03              | 0.21         | 1.64             | 14.55             |
| Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)  | BP       | 0.02              | 0.19         | 1.48             | 13.18             |
| Wool Fat                                                                                   | BP       | 0.03              | 0.28         | 2.48             | 22.05             |
| Wool Fat Hydrous                                                                           | BP       | 0.03              | 0.32         | 2.92             | 25.93             |
| Zinc Compound Paste                                                                        | BP       | 0.04              | 0.37         | 3.36             | 29.86             |
| Zinc Cream (for use only as a base combined with active ingredients)                       | BP       | 0.02              | 0.25         | 2.22             | 19.69             |
| Zinc Oxide                                                                                 | BP       | 0.04              | 0.38         | 3.41             | 30.29             |
| Zinc Sulfate                                                                               | BP       | 0.08              | 0.79         | 7.08             | 44.95             |
| Zinc and Salicylic Acid Paste                                                              | BP       | 0.04              | 0.37         | 3.36             | 29.86             |

# Container Prices

| Type                           | Container | Price \$ |
|--------------------------------|-----------|----------|
| Dispensing Bottles             | 25mL      | 1.74     |
| Dispensing Bottles             | 50mL      | 0.64     |
| Dispensing Bottles             | 100mL     | 0.97     |
| Dispensing Bottles             | 200mL     | 1.36     |
| Dispensing Bottles             | 500mL     | 1.28     |
| Poison Bottles                 | 25mL      | 0.95     |
| Poison Bottles                 | 50mL      | 0.82     |
| Poison Bottles                 | 100mL     | 0.93     |
| Poison Bottles                 | 200mL     | 1.16     |
| Poison Bottles                 | 500mL     | 2.00     |
| Dropper Containers (Glass)     | 15mL      | 1.24     |
| Dropper Containers (Polythene) | 15mL      | 0.98     |
| Screw Cap Jars                 | 25g       | 1.20     |
| Screw Cap Jars                 | 50g       | 1.51     |
| Screw Cap Jars                 | 100g      | 1.37     |
| Screw Cap Jars                 | 200g      | 0.77     |
| Screw Cap Jars                 | 500g      | 2.19     |

# Standard Formula Preparations

| Code  | Item                                           | Reference   | DPMQ<br>\$ | MRVSN<br>\$ |
|-------|------------------------------------------------|-------------|------------|-------------|
|       | <b>Creams</b>                                  |             |            |             |
|       | <b>(Maximum Quantity 100 g and 1 Repeat)</b>   |             |            |             |
| 7502W | Salicylic Acid and Sulfur Aqueous              | APF         | 17.65      | 19.32       |
|       | <b>Ear Drops</b>                               |             |            |             |
|       | <b>(Maximum Quantity 15 ml and 2 Repeats)</b>  |             |            |             |
| 7643G | Aluminium Acetate                              | BP          | 13.55      | 15.22       |
| 7642F | Aluminium Acetate                              | APF         | 12.54      | 14.21       |
| 7314Y | Sodium Bicarbonate                             | APF & BP    | 11.67      | 13.34       |
| 7313X | Spirit                                         | APF         | 11.32      | 12.99       |
|       | <b>Inhalations</b>                             |             |            |             |
|       | <b>(Maximum Quantity 50 ml and 1 Repeat)</b>   |             |            |             |
| 7484X | Benzoin and Menthol                            | APF         | 33.60      | 35.27       |
| 7308P | Menthol                                        | APF         | 16.59      | 18.26       |
| 7310R | Menthol and Eucalyptus                         | BP1980      | 17.65      | 19.32       |
|       | <b>Linctuses containing Codeine Phosphate</b>  |             |            |             |
|       | <b>(Maximum Quantity 100 ml and 0 Repeat)</b>  |             |            |             |
| 7530H | Codeine                                        | APF         | 19.69      | 21.36       |
|       | <b>Lotions</b>                                 |             |            |             |
|       | <b>(Maximum Quantity 200 ml and 2 Repeats)</b> |             |            |             |
| 7709R | Aluminium Acetate Aqueous                      | APF         | 15.04      | 16.71       |
|       | <b>Mixtures, Other</b>                         |             |            |             |
|       | <b>(Maximum Quantity 200 ml and 4 Repeats)</b> |             |            |             |
| 7348R | Kaolin                                         | BPC 1968    | 31.03      | 32.70       |
| 7342K | Magnesium Trisilicate                          | BPC 1968    | 26.67      | 28.34       |
| 7343L | Magnesium Trisilicate and Belladonna           | BPC 1968    | 28.15      | 29.82       |
|       | <b>Ointments, Waxes</b>                        |             |            |             |
|       | <b>(Maximum Quantity 100 g and 1 Repeat)</b>   |             |            |             |
| 7914M | Benzoic Acid Compound                          | APF & BP    | 27.97      | 29.64       |
| 7902X | Boric Acid, Olive Oil and Zinc Oxide           | QHF         | 21.65      | 23.32       |
| 7926E | Salicylic Acid                                 | APF         | 23.87      | 25.54       |
| 7928G | Salicylic Acid (extemporaneous formula)        | BP          | 23.87      | 25.54       |
|       | <b>Paints</b>                                  |             |            |             |
|       | <b>(Maximum Quantity 25 ml and 1 Repeat)</b>   |             |            |             |
| 7567G | Podophyllin Compound                           | APF 16 & BP | 176.32     | 42.50       |
| 7568H | Salicylic Acid                                 | APF         | 105.55     | 42.50       |
|       | <b>Pastes, Other</b>                           |             |            |             |
|       | <b>(Maximum Quantity 100 g and 1 Repeat)</b>   |             |            |             |
| 7558T | Zinc                                           | APF & BP    | 41.05      | 42.50       |
|       | <b>Powders for Internal Use</b>                |             |            |             |
|       | <b>(Maximum Quantity 100 g and 2 Repeats)</b>  |             |            |             |
| 7545D | Magnesium Trisilicate                          | BP          | 53.36      | 42.50       |

# Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

| Code | Preparation                                        | Maximum Quantity | Number of Repeats |
|------|----------------------------------------------------|------------------|-------------------|
| 13Q  | Creams                                             | 100 g            | 1                 |
| 48M  | Dusting Powders                                    | 100 g            | 1                 |
| 15T  | Ear Drops                                          | 15 ml            | 2                 |
| 19B  | Eye Drops containing Cocaine Hydrochloride         | 15 ml            | ..                |
| 22E  | Eye Drops, Other                                   | 15 ml            | 5                 |
| 23F  | Eye Lotions                                        | 200 ml           | 2                 |
| 29M  | Inhalations                                        | 50 ml            | 1                 |
| 64J  | Linctuses containing Codeine Phosphate             | 100 ml           | ..                |
| 34T  | Linctuses, Other                                   | 100 ml           | 2                 |
| 39C  | Lotions                                            | 200 ml           | 2                 |
| 65K  | Mixtures containing Codeine Phosphate              | 200 ml           | ..                |
| 66L  | Mixtures for Children containing Codeine Phosphate | 100 ml           | ..                |
| 41E  | Mixtures for Children, Other                       | 100 ml           | 4                 |
| 40D  | Mixtures, Other                                    | 200 ml           | 4                 |
| 30N  | Mouth Washes                                       | 200 ml           | 1                 |
| 42F  | Nasal Instillations                                | 15 ml            | 2                 |
| 43G  | Ointments, Waxes                                   | 100 g            | 1                 |
| 44H  | Paints                                             | 25 ml            | 1                 |
| 63H  | Pastes containing Cocaine Hydrochloride            | 25 g             | ..                |
| 45J  | Pastes, Other                                      | 100 g            | 1                 |
| 49N  | Powders for Internal Use                           | 100 g            | 2                 |
| 52R  | Solutions                                          | 200 ml           | 2                 |

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# Index of Manufacturers' Code



| <b>Code</b> | <b>Manufacturer</b>                                   | <b>Code</b> | <b>Manufacturer</b>                            |
|-------------|-------------------------------------------------------|-------------|------------------------------------------------|
| <b>AB</b>   | Abbott Australasia Pty Ltd                            | <b>GT</b>   | Mylan Health Pty Ltd                           |
| <b>AE</b>   | AFT Pharmaceuticals (AU) Pty Ltd                      | <b>GX</b>   | Apotex Pty Ltd                                 |
| <b>AF</b>   | Alphapharm Pty Ltd                                    | <b>GZ</b>   | sanofi-aventis Australia Pty Ltd               |
| <b>AG</b>   | Allergan Australia Pty Limited                        | <b>HB</b>   | Besins Healthcare Australia Pty Ltd            |
| <b>AL</b>   | Alphapharm Pty Ltd                                    | <b>HD</b>   | Department of Health                           |
| <b>AN</b>   | Amgen Australia Pty Limited                           | <b>HQ</b>   | Generic Health Pty Ltd                         |
| <b>AP</b>   | AstraZeneca Pty Ltd                                   | <b>HR</b>   | Paul Hartmann Pty Ltd                          |
| <b>AQ</b>   | Alcon Laboratories (Australia) Pty Ltd                | <b>HT</b>   | BTC Speciality Health Pty Ltd                  |
| <b>AS</b>   | Aspen Pharmacare Australia Pty Limited                | <b>HW</b>   | HAMELN PHARMA PTY. LTD.                        |
| <b>AV</b>   | sanofi-aventis Australia Pty Ltd                      | <b>HX</b>   | Sandoz Pty Ltd                                 |
| <b>BB</b>   | Blackmores Limited                                    | <b>IB</b>   | Apotex Pty Ltd                                 |
| <b>BD</b>   | Biogen Australia Pty Ltd                              | <b>IE</b>   | BeiGene AUS Pty Ltd                            |
| <b>BE</b>   | Beiersdorf Australia Ltd                              | <b>IG</b>   | Sigma Company Limited                          |
| <b>BG</b>   | Sandoz Pty Ltd                                        | <b>IJ</b>   | I-Care Pharma Distributors Pty Ltd             |
| <b>BN</b>   | Bayer Australia Ltd                                   | <b>IL</b>   | iNova Pharmaceuticals (Australia) Pty Limited  |
| <b>BQ</b>   | Bristol-Myers Squibb Australia Pty Ltd                | <b>IM</b>   | iNova Pharmaceuticals (Australia) Pty Limited  |
| <b>BR</b>   | B. Braun Australia Pty Ltd                            | <b>IO</b>   | BioMarin Pharmaceutical Australia Pty Ltd      |
| <b>BV</b>   | BSN medical (Aust.) Pty Ltd                           | <b>IQ</b>   | Alcon Laboratories (Australia) Pty Ltd         |
| <b>BX</b>   | Baxter Healthcare Pty Limited                         | <b>IR</b>   | Indivior Pty Ltd                               |
| <b>BY</b>   | Boehringer Ingelheim Pty Ltd                          | <b>IS</b>   | Ipsen Pty Ltd                                  |
| <b>BZ</b>   | Boucher & Muir Pty Ltd                                | <b>IT</b>   | InterPharma Pty Ltd                            |
| <b>CC</b>   | ConvaTec Australia Pty Ltd                            | <b>IX</b>   | Clinect Pty Ltd                                |
| <b>CF</b>   | CNS Pharma Pty Ltd                                    | <b>IY</b>   | Clinect Pty Ltd                                |
| <b>CH</b>   | Apotex Pty Ltd                                        | <b>JB</b>   | Apotex Pty Ltd                                 |
| <b>CJ</b>   | Celgene Pty Limited                                   | <b>JC</b>   | Janssen-Cilag Pty Ltd                          |
| <b>CR</b>   | Pharmacor Pty Limited                                 | <b>JJ</b>   | Johnson & Johnson Medical Pty Ltd              |
| <b>CS</b>   | Seqirus (Australia) Pty Ltd                           | <b>JO</b>   | Juno Pharmaceuticals Pty Ltd                   |
| <b>CT</b>   | Coloplast Pty Ltd                                     | <b>JT</b>   | Johnson & Johnson Pacific Pty Limited          |
| <b>CU</b>   | Care Pharmaceuticals Pty Limited                      | <b>JU</b>   | Juno Pharmaceuticals Pty Ltd                   |
| <b>CX</b>   | Contact Lens Centre Australia Limited                 | <b>JX</b>   | Juno Pharmaceuticals Pty Ltd                   |
| <b>DE</b>   | Stallergenes Australia Pty Ltd                        | <b>JZ</b>   | Juniper Biologics Pty Ltd                      |
| <b>DJ</b>   | De Fries Industries Pty Ltd                           | <b>KE</b>   | Kendall Australasia Pty Ltd                    |
| <b>DQ</b>   | Church & Dwight (Australia) Pty Ltd                   | <b>KI</b>   | KCI Medical Australia Pty Ltd                  |
| <b>DV</b>   | Medical Developments International Limited            | <b>KP</b>   | Eli Lilly Australia Pty Ltd                    |
| <b>DX</b>   | Ascensia Diabetes Care Australia Pty Limited          | <b>KY</b>   | Key Pharmaceuticals Pty Ltd                    |
| <b>DZ</b>   | Medsurge Healthcare Pty Ltd                           | <b>LC</b>   | Lohmann & Rauscher Pty Ltd                     |
| <b>EA</b>   | Amneal Pharmaceuticals Pty Ltd                        | <b>LI</b>   | Luminarie Pty Ltd                              |
| <b>ED</b>   | Amneal Pharmaceuticals Pty Ltd                        | <b>LL</b>   | Astellas Pharma Australia Pty Ltd              |
| <b>EF</b>   | Amneal Pharmaceuticals Pty Ltd                        | <b>LM</b>   | Link Medical Products Pty Ltd                  |
| <b>EI</b>   | Eisai Australia Pty Ltd                               | <b>LN</b>   | Aspen Pharmacare Australia Pty Limited         |
| <b>EJ</b>   | Encapsulate Pharma Pty Ltd                            | <b>LO</b>   | Leo Pharma Pty Ltd                             |
| <b>EO</b>   | Ego Pharmaceuticals Pty Ltd                           | <b>LQ</b>   | Astellas Pharma Australia Pty Ltd              |
| <b>EU</b>   | Chiesi Australia Pty Ltd                              | <b>LR</b>   | Cipla Australia Pty Ltd                        |
| <b>EV</b>   | Teva Pharma Australia Pty Ltd                         | <b>LS</b>   | Astellas Pharma Australia Pty Ltd              |
| <b>EW</b>   | Celltrion Healthcare Australia Pty Ltd                | <b>LT</b>   | Aspen Pharmacare Australia Pty Limited         |
| <b>EY</b>   | EUSA Pharma (Australia) Pty Ltd                       | <b>LU</b>   | Lundbeck Australia Pty Ltd                     |
| <b>FB</b>   | Pierre Fabre Australia Pty Ltd                        | <b>LV</b>   | Luminarie Pty Ltd                              |
| <b>FD</b>   | Dr Falk Pharma Australia Pty Ltd                      | <b>LX</b>   | Lawley Pharmaceuticals Pty Ltd                 |
| <b>FF</b>   | Phebra Pty Ltd                                        | <b>LY</b>   | Eli Lilly Australia Pty Ltd                    |
| <b>FG</b>   | Phebra Pty Ltd                                        | <b>MF</b>   | Mundipharma Pty Limited                        |
| <b>FI</b>   | Boehringer Ingelheim Pty Ltd                          | <b>MH</b>   | Molnlycke Health Care Pty Ltd                  |
| <b>FJ</b>   | Pharmaco (Australia) Limited                          | <b>MK</b>   | Merck Sharp & Dohme (Australia) Pty Ltd        |
| <b>FK</b>   | A.Menarini Australia Pty Limited                      | <b>MM</b>   | 3M Pharmaceuticals Australia Pty Ltd           |
| <b>FO</b>   | For Benefit Medicines Pty Ltd                         | <b>MQ</b>   | Alphapharm Pty Ltd                             |
| <b>FP</b>   | Ferring Pharmaceuticals Pty Limited                   | <b>MT</b>   | Mentholatum Australasia Pty Ltd                |
| <b>FQ</b>   | Pharmaco (Australia) Limited                          | <b>MW</b>   | Biomed Aust Pty Limited                        |
| <b>FX</b>   | Gedeon Richter Australia Pty Ltd                      | <b>NE</b>   | Norgine Pty. Ltd.                              |
| <b>FZ</b>   | Pfizer Australia Pty Ltd                              | <b>NF</b>   | Novo Nordisk Pharmaceuticals Pty. Limited      |
| <b>GA</b>   | Galderma Australia Pty Ltd                            | <b>NI</b>   | Novo Nordisk Pharmaceuticals Pty. Limited      |
| <b>GC</b>   | GlaxoSmithKline Australia Pty Ltd                     | <b>NM</b>   | Novartis Pharmaceuticals Australia Pty Limited |
| <b>GG</b>   | Gem Pharma Pty Ltd                                    | <b>NO</b>   | Novo Nordisk Pharmaceuticals Pty. Limited      |
| <b>GH</b>   | Amdipharm Mercury (Australia) Pty Limited             | <b>NQ</b>   | Takeda Pharmaceuticals Australia Pty. Ltd.     |
| <b>GI</b>   | Gilead Sciences Pty Limited                           | <b>NT</b>   | Nestle Australia Ltd                           |
| <b>GJ</b>   | GlaxoSmithKline Consumer Healthcare Australia Pty Ltd | <b>NU</b>   | Nutricia Australia Pty Limited                 |
| <b>GK</b>   | GlaxoSmithKline Australia Pty Ltd                     | <b>NV</b>   | Novartis Pharmaceuticals Australia Pty Limited |
| <b>GN</b>   | Actavis Pty Ltd                                       | <b>OB</b>   | Oral B Laboratories Pty Ltd                    |
| <b>GO</b>   | Mylan Health Pty Ltd                                  | <b>OC</b>   | Accord Healthcare Pty. Ltd.                    |
| <b>GQ</b>   | Generic Health Pty Ltd                                | <b>OD</b>   | Accord Healthcare Pty. Ltd.                    |
|             |                                                       | <b>OE</b>   | Omegapharm Pty Ltd                             |

| <b>Code</b> | <b>Manufacturer</b>                                |
|-------------|----------------------------------------------------|
| <b>OH</b>   | Orpharma Pty Ltd                                   |
| <b>OM</b>   | Colgate Oral Care                                  |
| <b>ON</b>   | Orion Laboratories Pty. Ltd.                       |
| <b>OQ</b>   | Organon Pharma Pty Ltd                             |
| <b>OS</b>   | Otsuka Australia Pharmaceutical Pty. Ltd           |
| <b>OU</b>   | Oraderm Pharmaceuticals Pty Ltd                    |
| <b>OV</b>   | Organon Pharma Pty Ltd                             |
| <b>OW</b>   | Arrow Pharma Pty Ltd                               |
| <b>PB</b>   | Pharmaco (Australia) Limited                       |
| <b>PE</b>   | Allergan Australia Pty Limited                     |
| <b>PF</b>   | Pfizer Australia Pty Ltd                           |
| <b>PK</b>   | Fresenius Kabi Australia Pty Limited               |
| <b>PP</b>   | Petrus Pharmaceuticals Pty Ltd                     |
| <b>PY</b>   | Procter & Gamble Pharmaceuticals Australia Pty Ltd |
| <b>QH</b>   | Cortex Health Pty Ltd                              |
| <b>QS</b>   | Sandoz Pty Ltd                                     |
| <b>RA</b>   | Sun Pharma ANZ Pty Ltd                             |
| <b>RB</b>   | Bio Revive Pty Ltd                                 |
| <b>RC</b>   | Reckitt Benckiser (Australia) Pty Limited          |
| <b>RF</b>   | Arrow Pharma Pty Ltd                               |
| <b>RI</b>   | Dr Reddy's Laboratories (Australia) Pty Ltd        |
| <b>RJ</b>   | Recordati Rare Diseases Australia Pty. Ltd.        |
| <b>RM</b>   | Pharmacor Pty Limited                              |
| <b>RN</b>   | Sun Pharma ANZ Pty Ltd                             |
| <b>RO</b>   | Roche Products Pty Ltd                             |
| <b>RW</b>   | Arrow Pharma Pty Ltd                               |
| <b>RX</b>   | Servier Laboratories (Aust.) Pty. Ltd.             |
| <b>RZ</b>   | Dr Reddy's Laboratories (Australia) Pty Ltd        |
| <b>SA</b>   | SciGen (Australia) Pty Limited                     |
| <b>SB</b>   | Nutricia Australia Pty Limited                     |
| <b>SE</b>   | Servier Laboratories (Aust.) Pty. Ltd.             |
| <b>SG</b>   | Merck Healthcare Pty Ltd                           |
| <b>SI</b>   | Sigma Company Limited                              |
| <b>SN</b>   | Smith & Nephew Pty Limited                         |
| <b>SS</b>   | SSL Australia Pty Ltd                              |
| <b>SW</b>   | sanofi-aventis Australia Pty Ltd                   |
| <b>SY</b>   | Bayer Australia Ltd                                |
| <b>SZ</b>   | Sandoz Pty Ltd                                     |
| <b>TB</b>   | Teva Pharma Australia Pty Ltd                      |
| <b>TD</b>   | STADA Pharmaceuticals Australia Pty Limited        |
| <b>TF</b>   | Te Arai BioFarma Limited                           |
| <b>TI</b>   | Teva Pharma Australia Pty Ltd                      |
| <b>TK</b>   | Takeda Pharmaceuticals Australia Pty. Ltd.         |
| <b>TM</b>   | Technipro PulmoMed Pty Ltd                         |
| <b>TQ</b>   | Terumo BCT Australia Pty Limited                   |
| <b>TS</b>   | Specialised Therapeutics Australia Pty Ltd         |
| <b>TT</b>   | Theramex Australia Pty Ltd                         |
| <b>TW</b>   | Apotex Pty Ltd                                     |
| <b>TX</b>   | Apotex Pty Ltd                                     |
| <b>TY</b>   | Apotex Pty Ltd                                     |
| <b>UC</b>   | UCB Australia Proprietary Limited                  |
| <b>UJ</b>   | Upjohn Australia Pty Ltd                           |
| <b>UL</b>   | Bausch & Lomb (Australia) Pty Ltd                  |
| <b>UM</b>   | Unomedical Pty Ltd                                 |
| <b>UN</b>   | Unilever Australia Limited                         |
| <b>UO</b>   | Bausch & Lomb (Australia) Pty Ltd                  |
| <b>UR</b>   | Camurus Pty Ltd                                    |
| <b>VE</b>   | AbbVie Pty Ltd                                     |
| <b>VF</b>   | VitaFlo Australia Pty Limited                      |
| <b>VI</b>   | ViiV Healthcare Pty Ltd                            |
| <b>VL</b>   | Vifor Pharma Pty Limited                           |
| <b>VO</b>   | Avallon Pharmaceuticals Pty Limited                |
| <b>VR</b>   | Vertex Pharmaceuticals (Australia) Pty. Ltd.       |
| <b>VZ</b>   | Sanofi-aventis Healthcare Pty Ltd                  |
| <b>WA</b>   | sanofi-aventis Australia Pty Ltd                   |
| <b>XC</b>   | Southern Cross Pharma Pty Ltd                      |
| <b>XH</b>   | MS Health Pty Ltd                                  |
| <b>XI</b>   | Alexion Pharmaceuticals Australasia Pty Ltd        |
| <b>XN</b>   | Southern XP Pty Ltd                                |

| <b>Code</b> | <b>Manufacturer</b>                |
|-------------|------------------------------------|
| <b>XO</b>   | Echo Therapeutics Pty Ltd          |
| <b>XT</b>   | Arrotex Pharmaceuticals Pty Ltd    |
| <b>YC</b>   | Cipla Australia Pty Ltd            |
| <b>YN</b>   | Mayne Pharma International Pty Ltd |
| <b>YT</b>   | Mayne Products Pty Ltd             |
| <b>ZE</b>   | Seekwell Pty Ltd                   |
| <b>ZO</b>   | Swedish Orphan Biovitrum Pty Ltd   |
| <b>ZP</b>   | Medis Pharma Pty Ltd               |
| <b>ZS</b>   | Strides Pharma Science Pty Ltd     |

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